



Class ID# _____
Start Date ___/___/___ End Date ___/___/___

Dear Cooking Class Participant,

Welcome to the Food for Life Nutrition and Cooking Class program. The Food for Life program was designed by Physicians Committee for Responsible Medicine (PCRM), a 501(c)(3) nonprofit that works to promote disease prevention and survival through nutrition. This class will help you better understand the connection between healthful nutrition and disease prevention, while teaching you how to prepare a number of delicious and nutritious meals.

The nutrition information presented in the Food for Life classes and the accompanying videos were developed and reviewed by registered dietitians and a medical doctor. However, **the information presented in the classes and through the materials is not intended to be a substitute for professional medical advice, diagnosis, or treatment.** Always seek the advice of your physician or other qualified health professional with any questions you may have regarding a medical condition.

Thank you for participating in this educational series.

Kind regards,

Cyd Notter
Food for Life Instructor

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Waiver Instructions: Please read, sign, and date the statement below. Thank you! I understand that the information presented in the Food for Life cooking class program is not intended to replace the advice of my medical doctor or other health care professional with whom I consult. My cooking instructor has advised me of his/her credentials and training in teaching this class.

I understand that food prepared during this cooking class series may contain common allergens, and I hereby assume any risk(s) of personal injury or illness that may result from consuming or handling this food. In consideration of participating in Food for Life classes, I acknowledge and understand the dangers and risks inherent in such activities related to preparing food, consuming certain foods, and working with tools and appliances.

I hereby waive, release, and discharge Physicians Committee, Food for Life and its instructors, officers, employees, and volunteers against any and all claims, demands, action, or causes of action for costs, expenses, or damages to personal property or personal injury, or death, which may result from my participation or child's participation in these activities. I assume full responsibility for any injuries or damages resulting from my participation or child's participation in this program including responsibility for using reasonable judgment in all phases of participation of the program. I acknowledge that my participation or child's participation is solely at my own risk, and that I assume full responsibility for any resulting injuries and damages. I understand that it is my responsibility to notify the event host(s) and instructor of any emergency medical information and ANY food allergies/or dietary restrictions for me or my child.

I also hereby give PCRM the absolute right and permission, with respect to any film, photography, video or audio recordings being made of me and with respect to my participation in this class: a) To copyright, use, re-use, publish, and re-publish the same in whole or in part, in any medium; and b) To use my name in conjunction therewith, if so desired. I release and discharge PCRM and its contractors and agents, such as producers and film makers, from any and all liabilities, claims or demands arising out of or in connection with the use of these film, photographs, video or audio recordings. This authorization and release shall also run to the benefit of the employees, officers, directors, agents, legal representatives, licensees, and assigns of PCRM. I understand that I will receive no compensation, monetary or otherwise, in exchange for this agreement or for the use of these photographs, film, video or audio recordings.

I have read the above and fully understand its contents.

(By registering online, you acknowledge you've read and understand the waiver)

Name Printed

Name Signed

Date