



## Food/Beverage Accident Waiver, Assumption of Risk and Release of Liability Form

By signing this Waiver, you the parent/guardian are agreeing to release Therapies 4 Kids, T4K Adults, Bright Steps Forward, and their employees from any and all responsibility or liability for any injury or illness resulting from the consumption of food and beverages which are presented during food programming and food exploration activities. This waiver is construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I certify that I have read this document and I fully understand its content. I am aware that this document is a contractual release from liability and that I sign it of my own free will.

***I hereby give consent and permission to Therapies4Kids, Bright Steps Forward, and/or T4K Adults to assist \_\_\_\_\_ (print name of client), DOB \_\_\_\_\_ in his/her food programming and food exploration activities.***

Name (print) \_\_\_\_\_

Signature of legal custodian/representative \_\_\_\_\_

Relationship to Client \_\_\_\_\_

Date \_\_\_\_\_

**or**

**I am revoking consent to Therapies4Kids, Bright Steps Forward, and/or T4K Adults to assist \_\_\_\_\_ (print name of client), DOB \_\_\_\_\_ in his/her food programming and food exploration activities.**

*Name (print)* \_\_\_\_\_

*Signature of legal custodian/representative* \_\_\_\_\_

*Relationship to Client* \_\_\_\_\_

*Date* \_\_\_\_\_

**Please note, all food and beverages (except water) must be provided by the above-named client or the above named client's legal custodian/representative.**