

Health Beautiful

Holistic Nutritional Counseling

WAIVER AND RELEASE OF LIABILITY

Each person attending a cooking class must complete a Liability Waiver and Release form. Please fill out the waiver and bring it with you to the class.

I, _____ fully understand and acknowledge that Health Beautiful Classes and events have inherent risks, dangers and hazards and that my participation in such classes and events may result in injury or illness.

I hereby release Health Beautiful, LLC and each of its present and former owners, principals, members, agents and employees from any and all liability for damage, losses or personal injury to myself resulting from my participation in any Health Beautiful Class or event.

Should you have any health concerns as it pertains to preparing, cooking or eating food please contact Carissa Kretschmer directly at carissa@hbhealthcoaching.com

Signature of participant or legal guardian (if participant is under 18 years of age)

Printed Name of participant and guardian _____

Date _____

Email Address _____