



Cooking Matters by Share Our Strength Waiver and Release

Please read carefully, initial, sign and date at the bottom of the page.

Assumption of risk and liability waiver: I want to participate in or volunteer for Cooking Matters. I recognize that doing so could present potential hazards including but not limited to: cuts, burns, slips, falls, allergic reactions and other injuries as a result of activities, products and equipment used. I acknowledge that by participating in Cooking Matters, I may be in a class with other participants and members of the public and that there is a risk of transmission of illnesses, including COVID-19, from person-to-person contact, by contact with contaminated surfaces and objects and/or even possibly in the air. I voluntarily assume all risks and dangers of injury to my person or property arising from, incidental to, or related in any way to my participation in Cooking Matters. **I release and forever discharge and covenant not to sue Share Our Strength, program partners, sponsors and each of their officers, directors, agents, employees, and volunteers ("Releasees") from and against any and all liability for any and all claims, demands, actions, causes of action of whatever kind or nature, costs and expenses, including attorneys' fees that I may have or that may hereafter accrue to me, arising out of or related to any harm, loss, damage or injury, including but not limited to disability, death, property loss or illness, including from the transmission of COVID-19 or other communicable disease, that may be sustained by me or my child, whether caused by my/his/her action or negligence or the action or negligence of Releasees or third parties in connection with my participation in Cooking Matters. I also agree not to sue Releasees in connection with any such harm, loss, damage or injury.**

Program/Participant Information: As a participant, I understand that any information I choose to provide Share Our Strength before, during, or after my participation may be used and reproduced by Share Our Strength on an aggregated or anonymous basis for purposes of program evaluation, communication and publication. As a Share Our Strength volunteer, I acknowledge that I may be provided access to confidential information about Share Our Strength's business and Cooking Matters participants that are not available to the public and agree to keep in strict confidence non-public information that I obtain while acting as a volunteer of Share Our Strength.

Media Release: I acknowledge that I may be photographed, filmed or recorded during my participation in Cooking Matters. I consent to be photographed, and/or recorded and understand that Share Our Strength will own the copyright to all such material. I (*initial one*) grant ___/do not grant ___ to Share Our Strength and its designees and agents, the right in perpetuity throughout the world, without further authorization or compensation, to utilize my image, likeness, voice, actions and statements in such recordings and images in any medium or context, including the right to edit and create derivative works, for any purpose, including commercial or promotional purposes.

Non-Discrimination: I acknowledge that Share Our Strength has a zero-tolerance policy toward all forms of unlawful discrimination and harassment by or towards staff and volunteers, including but not limited to sexual harassment. This zero-tolerance policy means that no form of unlawful discriminatory or harassing conduct by or towards any employee, member, volunteer, or other person in our workplace or jobsites will be tolerated. This policy applies to all Share Our Strength employees, members of the Share Our Strength Board of Directors and Leadership Council, volunteers, independent contractors, service providers, donors, and members of the public involved in Share Our Strength activities.

Use of Curricula: I acknowledge that I have been provided a license to use Cooking Matters curricula and other proprietary resources in connection with Cooking Matters programs and events. I agree that I will not reproduce, distribute, or use such material for any other purposes without the express written consent of Share Our Strength.

I certify that I am at least 18 years of age. If under 18 years of age, signature of guardian is also required.

Name of Participant or Volunteer (please print): _____

Signature of Participant or Volunteer: _____

Signature of Legal Guardian (if applicable): _____

Date: _____ Program Code: _____