



Expanded Food and Nutrition Education Program Liability Acknowledgement Form

INFORMED CONSENT AND RELEASE FROM LIABILITY

In consideration for agreement by NC Cooperative Extension to participate in the Expanded Food and Nutrition Education Program (hereinafter "Program") the undersigned hereby agrees as follows:

I do hereby affirm and acknowledge that my child will be participating in the Program for his/her own personal benefit. I am fully informed of the inherent hazards and risks associated with this Program. I understand that the determination of my child's ability to participate in the Program should be made by his/her physician, if necessary.

I shall indemnify and hold harmless NC Cooperative Extension (NC State University, their trustees, officers, employees and agents) from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorney's fees, arising from or proximately caused by my child's participation in this Program. I further agree to accept and assume for myself, my assigns, executors, and heirs any and all such risks and losses that may occur.

I acknowledge that I have read this Liability Acknowledgement and that I am freely and voluntarily signing it, and agree to be bound by it.

Name of Minor(s) \_\_\_\_\_  
(Please Print)

Parent/Legal Guardian \_\_\_\_\_  
(Please Print)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Legal Guardian