

ALLERGEN WAIVER

(For Adults 18 and Over)

We understand that (*name of student*):_____

attending the class titled: _____

on the following date: _____

has the following food allergy or food limitation: (describe below)

We understand the challenges facing people who struggle with food allergies or have to manage food sensitivities in their lives. We know how difficult it is to eat safely, especially when eating out. However, all of the 9 major allergens (dairy, wheat, soy, eggs, fish, tree nuts, gluten, peanuts & MSG) may either currently be or have recently been present in our kitchens in one form or another. Some products used may be processed in facilities that process tree nuts and peanut] Additionally, the possibility that manufacturers of foods used could change the formulation at any time, without notice also exists. Customers concerned with food allergies must be aware of this risk.

We are therefore unable to offer a guarantee or accept any liability in the event of an adverse reaction. Since the range of tolerance or reactions to the presence of food allergens varies greatly from person to person, you will need to make your own informed decision.

Please print this and sign below to indicate that you have chosen to assume any risk that might be present. We apologize but we will not be able to allow you to remain for the class if this signed form is not filled out fully and given to us.

Signature:_____ Date:_____

Printed Name: _____

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