FRESH FOR FLORIDA KIDS FOOD GARDEN
ACTIVITY WAIVER AND RELEASE OF LIABILITY

Name of Student

Name of School

I, the undersigned parent/guardian, give permission for the above-named student to consume produce used in taste tests or activities harvested from the Fresh for Florida Kids Food Garden. By signing below, I acknowledge that the above-named student’s participation in taste tests or other activities may involve contact with ingredients including but not limited to eggs, wheat, nuts, spices, milk and other items. I understand that the Fresh for Florida Kids Garden follows accepted food safety practices, has a food safety plan to reduce the risk of foodborne illnesses and can assure that ingredients will be free from cross-contamination. I understand that as a condition of participation, students must not have a known allergy to any food items.

I hereby release and agree not to bring suit against the Florida Department of Agriculture and Consumer Services or any agency, employee, agent or representative of the Florida Department of Agriculture and Consumer Services in regard to any and all claims, liabilities, suits or expenses (hereafter collectively “claims”), including claims caused or alleged to be caused by negligence, for any injury, illness, medical condition, damage or other loss to me or my child in any way connected with my child’s consumption of produce from the Fresh for Florida Kids Food Garden.

I have carefully read, understand and voluntarily sign this document and acknowledge that it shall be effective and binding upon me, my child and other family members, my heirs, executors, representatives and estate.

Name of Parent/Guardian

Signature of Parent/Guardian

Date