



“Teaching the Meaning of Food, Inspiring the Act of Mindful Eating”

By signing below, I agree and acknowledge that I am voluntarily participating in a Cureative Nutrition program/consultation. No amount of care, caution, or supervision can eliminate all risks involved in working in a kitchen of any stature. Participants indicate that they are aware of, *but not limited to*: sharp knives, hot surfaces, potentially slippery surfaces and food allergies. I freely accept these risks and assume all responsibility for injury or losses that may result from my participation in the Cureative Nutrition program.

I do further release, absolve, indemnify and hold harmless Cureative Nutrition, its partners and staff, and the property owners and renters hosting the Cureative Nutrition program/consultation from all liability that may arise from my participation.

While every effort has been made to verify the accuracy of the material included in this program/consultation, no member of the Cureative Nutrition team can assume any responsibility for errors during the cooking process performed by the instructor or the instructed individual(s).

I further grant Cureative Nutrition unlimited right to the use of photographic images and audio and/or video recordings of me while participating in a Cureative Nutrition workshop/program, including such alterations, additions and/or editing as deemed necessary and appropriate by Cureative Nutrition. Decisions regarding the use and distribution of such images and recordings shall lie solely with Cureative Nutrition. (YES) – (NO)

I hereby commend Cureative Nutrition to continue the further planning of this program and agreed to pay the down payment amount of \$ _____, in cash or check *made payable to Chloe Paddison, or Cureative Nutrition.*

Client attests that all necessary medical history and considerations have been presented:

Signature _____

Printed Name _____

Date _____