

# Shellfish Allergy Event Waiver

Please read and sign this waiver if you or your minor dependent will be participating in the event where shellfish or shellfish-containing products may be present. Your safety is important to us. By filling out this form, you acknowledge the presence or potential presence of shellfish allergens and accept the associated risks.

Participant Name

Email Address

Date

Parent/Guardian Name (if participant is under 18)

## Waiver & Release

I acknowledge that I have been informed and am aware of the presence or use of shellfish or shellfish-containing products at this event. I voluntarily assume full responsibility for any risks of allergic reactions, illness, or injury that may occur to me or to my minor dependent as a result of exposure to shellfish at this event.

I hereby release, discharge, and hold harmless the event organizers, sponsors, and affiliated parties from all claims, liabilities, or causes of action that may result from participation in this event due to exposure to shellfish allergens.



I have read and understand this waiver. I accept the risks stated above.

Signature

Date