

ALLERGY DISCLAIMER, ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

**ALLERGY DISCLAIMER:** The Paella Party People / TastyLingLLC makes every attempt to identify all ingredients in their recipes. We label our menu appropriately; however, **there is always a risk of contamination.** You must make the decision based on this information and the possible health risk. There is also a possibility that manufacturers of the commercial foods we use could change the formulation at any time, without notice. Customers concerned with food allergies need to be aware of this risk.

(ALLERGY STATEMENT: THERE MAY BE A RISK ASSOCIATED WITH CONSUMING RAW SHELLFISH AS IS THE CASE WITH OTHER RAW PROTEIN PRODUCTS. CONSUMING RAW OR UNDERCOOKED MEATS, POULTRY, SEAFOOD, SHELLFISH OR EGGS MAY INCREASE YOUR RISK OF FOODBORNE ILLNESS, ESPECIALLY IF YOU HAVE CERTAIN MEDICAL CONDITIONS)

**I understand that TastyKingLLC will seek to eliminate exposure and risk to me and my guests, but agree that TastyKingLLC and its staff assume no liability for adverse reactions for food consumed or items that me or my guests may come in contact with while attending a catered event or personal chef party.**

**I HEREBY ASSUME ALL OF THE RISKS FOR MYSELF AND MY GUEST(S) OF A CATERED/ PERSONAL EVENT BY TASTYKINGLLC,** including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that there are no health-related reasons or problems, which preclude my guests (s) participation in this event. I acknowledge that this Allergy Disclaimer, Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which me and/or my guests(s) may participate, and that it will govern my guests(s)' actions and responsibilities at said event. In consideration of my application and permitting my guests(s) to attend/ participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for myself / guests(s) death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to my guest(s) from this catered. I acknowledge that TastyKingLLC and its members, directors, officers, employees, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf. I acknowledge that this event/ or activity may involve certain risks and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by trade tools, facilities and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to guests / participants, but are also present for volunteers. I hereby consent my guest(s) to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this activity. The Allergy Disclaimer, Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

**I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL. THIS RELEASE SHALL BE GOVERNED AND CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Your Guest(s) Allergies with FULL name-

NAME \_\_\_\_\_ ALLERGY \_\_\_\_\_

NAME \_\_\_\_\_ ALLERGY \_\_\_\_\_

NAME \_\_\_\_\_ ALLERGY \_\_\_\_\_

NAME \_\_\_\_\_ ALLERGY \_\_\_\_\_

NAME \_\_\_\_\_ ALLERGY \_\_\_\_\_

NAME \_\_\_\_\_ ALLERGY \_\_\_\_\_