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FOOD LIABILITY RELEASE FORM

EVENT INFORMATION:

CONTACT NAME:

CONTACT PHONE NUMBER:

EMAIL:

DATE:

LOCATION:

FOOD SERVICE INFORMATION

REASON FOR WAIVER REQUEST:

TYPE OF FOOD TO BE SERVED:

FOOD PROVIDED BY:

RELEASE OF LIABILITY

I, , HEREBY RELEASES THE COHASSET HOSPITALITY GROUP, ALL DEPARTEMENTS AND REPRESENTATIVES ASSOCIATED THEREIN, FROM ANY AND All LIABILITY RELATED TO THE CONTENTS, PREPARATION, AND PRESENTATION OF FOOD, PREPARED OR PURCHASED FOR THE ABOVE EVENT.

SIGNATURE: NAME: DATE: