

LIABILITY WAIVER FOR
PROTOCOL



"NUT FREE TABLE"

I, _____, am the parent and/or legal guardian of _____,
a student at _____ ("Academy").

I fully understand that there are health risks involving food allergies and my child. I also understand that Great Hearts academies have a designated **Peanut and Nut Free Table** in the lunchrooms to accommodate students with these types of allergies.

Despite these risks by signing below, I waive any and all claims relating to my child's exposure to peanut and/or nut products, residue or particles, as a result of my decision to opt-out of requiring my child to sit at the **Peanut and Nut Free Table**.

In signing this waiver form, I acknowledge and understand fully the foregoing agreement, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made.

I understand that this opt-out/waiver will be in effect for the full school year from the date of signature, but that I may revoke my consent to the same in writing at any time during the school year. I agree to notify the school of any changes to my child's allergy status.

Student's Name: _____ Grade: _____

Signature of Parent/Legal Guardian

Date

*This form will need to be completed every school year.