



Allergy Indemnity Form

I, _____ (print adult's name) of

(Address) _____

declare that:

- I have read and understood the terms and conditions of the General Public Allergy Policy of Purest Product Marketing (Intoexcursions).
- I am aware of the risk of anaphylaxis and other allergic reactions resulting from my / my child's participation in the Intoexcursions excursion class and I / my child will participate in the food related class at my / his / her / their own risk.
- I release and discharge Purest Product Marketing, its directors, officers, employees, servants and agents from any liability, claim, loss, cost, expense or damage arising out of my / my child's participation in the in/excursion class.
- I agree to indemnify Purest Product Marketing, its directors, officers, employees, servants and agents for any liability, claim, losses, costs, expenses (including legal costs and expenses) and damages (including special, consequential or indirect damage) arising out of my / my child's participation in the in/excursion class.

Print Name of Child: _____ Relationship to child: _____
Note: (Complete a separate form for each child, including twins)

Signature: _____ Date: _____