

Kitchen Use Release of Liability

Public Hospital District 2 of Snohomish County, dba Verdant Health Commission

I, _____ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with the use of the teaching kitchen. **Inherent hazards and risks include but are not limited to:**

- 1. Knife/blade cuts
- 2. Fire or gas hazards
- 3. Appliance injury
- 4. Slips, trips, and falls
- 5. Chemical hazards
- 6. Lifting injuries
- 7. My own negligence and/or the negligence of others

RESPONSIBILITY:

I will follow the guidelines of the kitchen operations checklist, as shown on page 2. I understand I will verify the status of the kitchen prior to use, and return the kitchen to its original status upon completion of my kitchen use. I assume full responsibility for any injuries or damages to myself and associates or kitchen equipment resulting from my utilization of the teaching kitchen.

WAIVER:

In consideration of being permitted to use the Verdant Community Wellness Center teaching kitchen for food preparation, cooking demonstration, or nutrition education, I, my agents, employees and affiliates do hereby release, waive discharge and agree not to sue Public Hospital District 2 of Snohomish County, dba Verdant Health Commission their affiliates, direct or indirect, officers, employees, and agents from liability from any and all claims, damages, costs or expenses of any kind arising out of or relating to personal injury, accidents, health problems, illnesses (including death), or property loss arising from, but not limited to, use of the teaching kitchen.

INSURANCE:

I will provide a certificate of liability insurance for \$1,000,000 naming Verdant Health Commission as an "additional insured" prior to utilizing the teaching kitchen.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND I FULLY UNDERSTAND ITS TERMS, AND I UNDERSTAND THE RISK INVOLVED WITH USE OF THE TEACHING KITCHEN AND I DESIRE TO USE THE TEACHING KITCHEN, AND I SIGN IT FREELY AND VOLUNTARY WITHOUT ANY INDUCEMENT. I REPRESENT THAT I AM OVER 18 AND LEGALLY COMPETENT TO EXECUTE THIS AGREEMENT, WHICH SHALL BE A BINDING COMMITMENT.



Kitchen Operations Checklist

(Check off each item once verified/completed)

BEFORE USE:

Verdant staff person has provided kitchen walkthrough (at time of usage or at a prior meeting)
Kitchen is clean and ready for use (counters are disinfected, dishes are put away, etc.)

AFTER USE:

Wipe counters with disinfectant spray/wipes (cleaning spray/wipes under the sink)
Load dishes in dishwasher and begin wash cycle (cleaning tablets under the sink)
Dirty towels/aprons are placed in the "dirty towel" bin (on the wire shelf in the storage closet)
Excess trash not in bins is dumped at outside trash area (Verdant staff to assist with unlocking outside)
Appliances are wiped clean and returned to closet
Ovens are turned off
Gas stovetop is turned off and in the lock position
Sink faucet is turned off
Lights are turned off in kitchen and storage closet
Refrigerator & freezer doors are closed

* Please review the kitchen checklist with Verdant staff person before leaving.

Checkout Date:	
Checkout Time:	
Verdant Staff Signature:	