





WAIVER OF PARTICIPATION IN FOOD ALLERGY MANAGEMENT PROGRAM

| Service Manager of the, is enrolled as a stud- allergy, to wit, an allergy to child in a Food Allergy Management Progra non-allergenic foods will be made available | Services, Inc. (hereinafter, "Maschio's") the Food school district in which our child lent, that because our child has a life-threatening, we have the opportunity to enroll our am pursuant to which meal selections containing to our child as substitutes for allergenic foods, rict, Maschio's will endeavor to make those |
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| Food Allergy Management Program, we | ded the opportunity to enroll our child in the have elected not to enroll our child in the is to memorialize our election not to enroll in |
| Allergy Management Program that is ma our child may be exposed to allergens wh However, we have determined that we | ur decision not to enroll our child in the Food de available by Maschio's Food Services, Inc., nich can cause our child serious medical risks. e can manage those medical risks without, in the Food Allergy Management's opportunity to enroll. |
| renounce and relinquish any and all claims any type or kind against Maschio's and its shareholders, employees, representatives and sustained or incurred, directly or indirectly, by our child to food products which are se precipitate that allergic or other adverse reaccommence any legal proceeding against I their respective directors, officers, sharehowhether on our behalf or for the benefit of out other form of judicial relief as a result of any | arily, unconditionally and permanently (a) waive, demands, causes of action, or other liability of affiliates and their respective officers, directors, contractors, arising from, relating to, or in any way y reason of an allergic or other adverse reaction by erved to our child in the cafeteria and which etion, and (b) covenant and agree that we will not Maschio's and its affiliates, or against any of olders, employees, representatives or contractors or son/daughter by which we seek damages or any such allergic or other adverse reaction by our child. and understand the contents of this Waiver and (Month, Year) |
| | (Month, Tear) |
| _ | , Parent/Guardian |
| _ | , Parent/Guardian |