

# Restaurant Waiver Form for Shipping

## Participant Information:

Full Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

## Acknowledgment of Risks:

I, the undersigned, acknowledge the risks associated with the shipment of perishable food items, including but not limited to spoilage, damage during transit, or delays.

## Assumption of Responsibility:

- I accept full responsibility for the condition of the food upon delivery.
- I release the restaurant from any liability related to the shipment process.

## Emergency Contact Information:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_