



5100 WISCONSIN AVE., N.W., SUITE 400
WASHINGTON, DC 20016
PHONE: 202-244-5038
FAX: 202-686-2216
WWW.CANCERPROJECT.ORG

Advancing cancer prevention and survival through nutrition education and research.

PARENTAL CONSENT, WAIVER, RELEASE, AND CONSENT TO PUBLISH PHOTOGRAPHS AND THE NAMES OF MY CHILDREN

Dear Parent/Guardian,

Welcome to The Cancer Project's Food for Life Kids program. The Cancer Project is a non-profit health organization with the goal of advancing cancer prevention and survival through nutrition education and research. This class will help your child better understand the connection between healthy nutrition and disease prevention and teach your child how to prepare a number of simple meals and delicious, healthful snacks.

The Food for Life Kids program was developed by Neal Barnard, M.D., president and founder of The Cancer Project, Jennifer Reilly, R.D., senior nutritionist at The Cancer Project, and Emily Richard, M.Ed., educational program manager at The Cancer Project. Your child's cooking instructor has been trained by The Cancer Project to teach this program and may be a teacher, registered dietitian, medical doctor, registered nurse, or trained chef. The instructor will inform you of his or her qualifications and will provide general nutrition information as appropriate.

The nutrition information presented in this class is evidence-based and advocates a low-fat, high-fiber diet, that is, a diet entirely from plant-based foods. Foods that come from vegetables, fruits, legumes, and whole grains are naturally low in cholesterol and saturated fat, high in fiber, and full of vitamins, minerals, and cancer-fighting compounds. A multitude of scientific studies have shown that plant-based diets have remarkable health benefits and can help prevent certain diseases, such as cancer, diabetes, and heart disease. Because eating habits are set in early childhood, this program can give your child the opportunity to enjoy a variety of nutritious foods, all consisting of vegetables, fruits, legumes and whole grains, and to carry healthy eating habits into adulthood. In order for your child to embrace the nutrition advice he/she will be given in this class, your child may ask you to purchase and serve food items different from those you currently serve at home.

The information presented in the classes and through the materials is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your child's physician or other qualified health provider with any questions you may have regarding a medical condition.

Thank you for participating in this educational series.

Kind regards,

Lauray MacElhern, Managing Director



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I, _____, parent or guardian of _____, understand that the information presented in The Cancer Project's Food for Life Kids series is not intended to replace the advice of a medical doctor or other health care professional with whom I consult. The cooking instructor has advised me of his or her credentials and training in teaching this class. I understand that the cooking class series is based upon an exclusively plant-based diet that is limited to foods derived from vegetables, fruits, legumes, and whole grains. I understand that by my child attending this series, he/she may ask me to purchase and serve foods different than those I currently serve.

I understand that food prepared during this cooking class series may contain common allergens, and I hereby assume any risk(s) of personal injury or illness to my child that may result from consuming or handling this food and hold The Cancer Project harmless from any and all liability for any such injury or illness. I have listed my child's allergies below.

_____ By initialing this specific paragraph, in addition to the matters set for above, I also agree, for myself and my child that The Cancer Project may take photographs during the Food for Life Kids series. By placing my initial at the beginning of this paragraph, I hereby give The Cancer Project the absolute right and permission to copyright, use, re-use, publish, and re-publish any photographs taken of my child in whole or in part, in any medium, and to use my child's first name and last name initial in conjunction with such photographs, if so desired. I hereby release and discharge The Cancer Project from any and all liabilities, claims, or demands arising out of or in connection with the use of any such photographs.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

Printed Name of Food for Life Kid

My Food for Life Kid is allergic to the following foods:

