

# WAIVER AND RELEASE OF LIABILITY

**SUBJECT:** PURCHASE/CONSUMPTION OF fresh peppers, salsas, jellies and/or relishes containing very high concentrations of capsaicin, which is known to be caustic and may cause physical harm to humans and animals. Including, but not limited to ATOMIC-12, the world's hottest natural salsa.

**PURCHASER:** I, \_\_\_\_\_ declare that I am 18 years or older.  
Print Name

I declare that I have no known or suspected **HEART DISORDERS**, that I am **NOT PREGNANT OR NURSING**, and understand that there may be physical/emotional duress, discomfort and possible injury to me with the consumption of these food products. I understand that it is my sole responsibility and I accept the responsibility of informing anyone to whom I may "gift or give" any of these products, of the potential hazards of consuming these products.

**WAIVER/RELEASE OF LIABILITY:** I release, forever and discharge and hold blameless: **PEARL SNAP SALSA, PEARL SNAP CANNING COMPANY (both Coweta, OK)** and their owners, families, employees and any agents, now and in the future for/from any physical or psychological injury, including but not limited to illness, paralysis, death, blindness, damages, and economical or emotional loss that I may suffer as a direct result of my **CONSUMPTION OF PEPPER FOOD PRODUCTS**.

I acknowledge that I have read this **WAIVER AND RELEASE** form and fully understand that it is a release of liability, and I agree to voluntarily give up or waive any right that I may have otherwise to bring legal action against **PEARL SNAP SALSA, PEARL SNAP CANNING COMPANY, their owners, families, employees and any agents, now and in the future**. I agree to hold blameless, the afore mentioned businesses and individuals, from any physical/emotional condition that can be attributed to consumption of foods manufactured and distributed by **PEARL SNAP CANNING** and/or **PEARL SNAP SALSA**, now and forever. I declare that I sign this agreement of my own free will.

PURCHASER'S NAME: \_\_\_\_\_

PURCHASER'S ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

*(Optional)*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_