

Leftover Food Waiver and Release Liability Form

By signing this waiv	ver, I
release Wicked Sisters Catering from any liability with regard to possible spoilage or food-borne illness from leftover food removed	
, 8	nt
(Date)	(Address)
I am aware the food	l has been removed from the kitchen
approximately two	(2) hours prior to the event and that the food has
been on display as a	buffet for the duration of the event. I also am
indicating that I acc	cept full responsibility for removal and safe
storage of the remo	ved food.
Client	
Date	