

# Canada Tobacco District Hungarian House

71 King Street, Delhi, Ontario, N4B 1X7

Phone (519) 582-2460 Bar (519) 582-0063

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## WAIVER FORM

Occasionally, events have special circumstances in which the catering options do not meet the needs of the event. A food waiver form must be completed at least 7 days prior to the event, if organizers prepare and serve some of their own foods.

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(Name of Organization and Individuals)

Releases the Canada Tobacco District Hungarian House, Executives and its Shareholders from any liability for injury or illness resulting from consumption of any food or beverage in the Canada Tobacco District Hungarian House which the Canada Tobacco District Hungarian House did not distribute, provide or prepare.

I understand that the Canada Tobacco District Hungarian House does not provide insurance coverage for loss or damage to my personal property or for that of my guests.

I have been advised to purchase my own personal liability insurance to be effective for the duration of this event.

ORGANIZER:

HUNGARIAN HOUSE REPRESENTATIVE

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

\_\_\_\_\_

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

\_\_\_\_\_

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

Date of Event \_\_\_\_\_

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

Wedding \_\_\_ Banquet \_\_\_ Party \_\_\_ Other \_\_\_

Telephone: \_\_\_\_\_

DETAILS: (food, etc.) \_\_\_\_\_

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