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## HealthTeam Advantage Member Cookbook

Please fill in the form below with your original recipe along with the release form and send to HTALivingplus@healthteamadvantage.com We would love for you to share a picture of your recipe or of yourself! Please keep recipes based on a balanced diet, budget friendly, and easy to cook! Feel free to submit multiple recipes. Recipe submissions are due by April 9th.

First and Last Name		
City you reside		
Recipe Name		
Number of servings (yield)		
Prep time		
Cook time		
Ingredients List (Must list out measurements and ingredient) ex: 1 cup chopped		

Instructions (step by step instructions on how to prepare)\_\_\_\_\_

Why is this recipe special to you?	

## Care 'N Care of North Carolina dba HealthTeam Advantage Waiver and Release

## Assumption of Risk, Release and Indemnity Agreement

In consideration of being allowed to share my recipe with or without a photo, I acknowledge and agree as follows:

I agree to assume all inherent risks and all other risks.

I, for myself and anyone entitled to act on my behalf, waive and release Care 'N Care Insurance Company of North Carolina, Inc. d/b/a HealthTeam Advantage, its affiliates, agents, employees, officers, directors, volunteers and members (collectively "HealthTeam Advantage") from all claims and liabilities of any kind, arising out of or related to my participation in sharing my recipe and/or photo for the HealthTeam Advantage Cookbook Project, including claims that arise out of HealthTeam Advantage's negligence. This release includes and prohibits all types of claims including those for breach of contract, injury, loss, damage or death.

I agree to defend and indemnify and hold harmless HealthTeam Advantage with respect to any and all claims brought by a third party or brought by or on behalf of myself related to my participation in the Cookbook Project.

I understand that as part of the Cookbook Project, recipes and photographs may and/or will be used for the Cookbook.

- I agree that any and all information that I disclose in connection with the Cookbook Project, including the recipe(s), any photos I provide, my name, and my city (collectively "Material"), may be published in the HealthTeam Advantage Cookbook and provided publicly.
- I give my permission for HealthTeam Advantage to use and disclose Material for the same and said purposes without any time restrictions. I understand that authorizing the disclosure of the Material is voluntary.
- I state that I have the authority to provide and disclose the Material and the Material is not copyrighted, nor copied from another cookbook or elsewhere without permission. I further understand that HealthTeam Advantage is relying upon this statement.
- I understand that I may not seek remuneration of any sort from HealthTeam Advantage for having voluntarily provided the Material to HealthTeam Advantage.
- I relieve and hereby agree to hold HealthTeam Advantage free from any liability connected with the Cookbook Project.

Name (print name)

Signature

Date