

Welcome to FoodWise!

FoodWise provides lessons about choosing and preparing healthful food. There is no charge for the program. FoodWise is a program provided by the University of Wisconsin-Madison Division of Extension.

What can I expect from FoodWise?

- A nutrition educator will offer lessons on healthful eating, planning meals, shopping for food, preparing food and keeping food safe.
- A nutrition educator will work with you to work toward goals that you want to reach.

What happens to the information shared with FoodWise?

- Questions that you answer will help us see if the program has been helpful to you.
 FoodWise only reports numbers of people who gave each answer to the program funder. Names and other personal information are never used in reports or shared with others. You may choose not to answer any question on FoodWise forms and surveys.
- Information shared with a nutrition educator or on FoodWIse forms is kept private. All forms will be destroyed after 3 years.

Is there any risk associated with food preparation and tasting in FoodWise?

- A nutrition educator will work with you to avoid injuries, such as cuts or burns, and keep food safe to eat when preparing food.
- Tell the nutrition educator if you have any food allergies.

What if I have questions or suggestions for the program?

- Suggestions and opinions of participants help to make the program better. FoodWIse may send you a survey by mail or ask you questions about the program by phone.
- If you have questions or comments about the program, you may contact the Portage/Wood County FoodWise Coordinator at kelly.hammond@wisc.edu.

Please carefully read the form on the following page, verifying that you understand this information and will be participating in the FoodWise lessons.

FoodWise education is funded by the USDA Supplemental Nutrition Assistance Program - SNAP and Expanded Food and Nutrition Education Program - EFNEP. An EEO/AA employer, the University of Wisconsin-Madison Division of Extension provides equal opportunities in employment and programming, including Title VI, Title IX, the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act requirements.

Participation Agreement FoodWise Program

I desire to participate voluntarily in education activities with the University of Wisconsin-Madison Division of Extension.

I understand that I am being asked to read each of the following paragraphs carefully. I understand that if I have questions about any of the terms contained in this agreement, I may contact the Portage/Wood County FoodWise Coordinator at kelly.hammond@wisc.edu.

Hold Harmless, Indemnity and Release:

In consideration of permission for me to voluntarily participate in the FoodWIse Program, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Madison Division of Extension, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Madison Division of Extension, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

Assumption of Risks:

I understand that the FoodWIse program, by its very nature, includes certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve accidents and injuries, damages to property, the risk of data mining, phishing, viruses, malware, data breach of online information, cyberbullying, and other cyber risks. I understand that I have been advised to have appropriate insurance coverage in effect and that no such coverage is provided by the University or the State of Wisconsin. I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.