BURGER URGE

BUZZKILL DEATHWISH

WAIVER

I, _____ understand that the **Buzzkill Deathwish** is an extremely spicy burger and may cause significant discomfort.

I declare that I am eating this inferno of a burger of **my own free will and choice.**

By signing below, I confirm that:
- I am **18 years of age or older.**
- I am **not pregnant.**
- I am free of any known **respiratory or heart conditions** that may put me at increased risk.
- I have no known allergies to **chillies, capsaicin or their derivatives**.
- I am in sound medical condition to participate in eating this burger.

I accept and assume all risks that may occur during or after consuming the Buzzkill Deathwish.

I accept responsibility for any adverse reaction, injury or illness that may result from consuming the burger.

To the extent permitted by law, I waive and release Burger Urge from claims arising from my voluntary consumption of the Buzzkill Deathwish.

I agree to be bound by the terms of this waiver.

Signed: _____ **Date:** _____