

Culinary Tour Waiver and Consent Form

Full Name

Date

Email Address

Phone Number

Emergency Contact

Name

Phone Number

Waiver of Liability

I acknowledge and am aware that participating in the culinary tour involves certain inherent risks, including but not limited to food allergies, illness, foodborne sickness, and travel-related hazards. I voluntarily assume all risks, both known and unknown, and release the organizers and their affiliates from any liability for personal injury, illness, or loss.

Medical Consent

In the event of a medical emergency, I authorize the organizers to seek medical treatment as deemed necessary for my health and safety.

Dietary Restrictions or Allergies



I have read and understand the terms of this waiver and consent form. I agree to the terms and conditions outlined above.

Signature

Date

