

Artisanal Cheese Workshop Consent Form

Please read and complete the following form to participate in the Artisanal Cheese Workshop.

Participant Information

Full Name:

Phone Number:

Email Address:

Emergency Contact

Name:

Phone Number:

Allergies & Dietary Restrictions

Please list any allergies or dietary restrictions:

Consent & Liability Waiver

I acknowledge that participation in the Artisanal Cheese Workshop involves handling food products and equipment. I agree to comply with all safety instructions provided by the workshop facilitators. I release the organizers from any liability arising from participation in this event.

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I have read and agree to the terms above.

Participant Signature:

Date:

