

# Ethnic Cuisine Sampling Consent Form

## Participant Information

Full Name

Date of Birth

Email Address

## Allergies & Health Information

List Any Food Allergies or Dietary Restrictions

Relevant Medical Conditions

## Consent

I acknowledge that I am volunteering to participate in an event involving the tasting of various ethnic cuisines. I have disclosed any known allergies or health conditions above.

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I have read and understood the above information and agree to participate.

Participant Signature

Date