

Fermented Foods Sampling Consent Form

Please read the following information carefully before consenting to participate in the fermented foods sampling.

Participant Information

Full Name

Date

Age

Medical Information

Please list any food allergies

Relevant medical conditions

Consent

I acknowledge that:

☐

I understand the nature and risks of consuming fermented foods.

☐

I have informed the organizer of any allergies or health conditions.

☐

I participate voluntarily and can withdraw at any time.

Participant Signature

Guardian Signature (if under 18)
