

Halal Food Sampling Event Consent Form

Event Name:

Date:

Participant Information

Full Name

Email Address

Phone Number

Consent Statement

I acknowledge that I am voluntarily participating in the Halal Food Sampling Event. I understand that the food provided is intended to be halal, but it is my responsibility to verify any dietary restrictions or allergies that I may have with the organizers or food handlers.

☐ I have read and agree to the above statement.

Emergency Contact Information

Contact Name

Phone Number

Signature

Signature

Date