

# Seasonal Fruit Sampling Consent Form

## Participant Information

Full Name

Date of Birth

Email Address

Phone Number

## Consent

I acknowledge that I am voluntarily participating in the seasonal fruit sampling event. I understand that the fruit samples provided may contain allergens. I have disclosed any relevant allergies and understand the risks involved.

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I agree to participate.

## Allergies / Dietary Restrictions

Please list any allergies or dietary restrictions:

Participant Signature

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Date

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Guardian Name (if under 18):

Guardian Signature

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