

Spicy Foods Challenge Consent Form

Participant Information

Full Name

Date of Birth

Email Address

Phone Number

Address

Emergency Contact

Name

Phone Number

Relationship

Important Information

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Health Questions

- ☐ I have no known allergies or medical conditions that would prevent me from participating.
- ☐ I am 18 years of age or older.
- ☐ I understand the risks and accept full responsibility for participation.

Signature

Date

