

# Grocery Store Food Sampling Waiver Form

Full Name

Email Address

Phone Number

Date

Waiver and Release of Liability:

By signing this form, I acknowledge that I am voluntarily participating in food sampling at this grocery store. I am aware of the potential for allergic reactions or foodborne illness and agree to release the store and its employees from any liability for illness or injury. I am responsible for inquiring about food ingredients if I have allergies or sensitivities.

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☐ I have read and agree to the terms above.

Signature