

# New Product Food Sampling Consent Form

## Participant Information

Full Name

Email Address

Phone Number

## Consent Details

I volunteer to participate in the food sampling of the new product. I acknowledge that I have been informed of the ingredients and potential allergens in the product. I understand that participation is voluntary and that I can withdraw at any time.

## Allergies & Dietary Restrictions

Please list any allergies or dietary restrictions

## Agreement

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I have read and understood the above and give my consent to participate in the food sampling.

Signature

Date