

Dairy-Free Cheese Sampling Consent Form

Participant Information

Full Name

Date of Birth

Email Address

Phone Number

Consent

I agree to participate in the dairy-free cheese sampling event. I understand that the products sampled may contain various ingredients, and I accept responsibility for notifying staff of any allergies or dietary restrictions prior to participation.

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I have read and understand the information above and consent to participate.

Signature

Date

Please list any allergies or dietary restrictions: