## **Functional Superfood Sampling Consent Form**

## **Participant Information**

Full Name
Date of Birth
Email Address
Consent & Acknowledgment
I have read and understand the above information and agree to participate in the sampling of the functional superfood.
Allergies & Medical Conditions
Allergies & Medical Conditions  Please list any known allergies or medical conditions:
Please list any known allergies or medical conditions:
Please list any known allergies or medical conditions:  Signature
Please list any known allergies or medical conditions:  Signature