

# New Beverage Flavor Sampling Consent Form

## Participant Information

Full Name

Email Address

Date of Birth

## Consent & Acknowledgement

I understand that I am voluntarily participating in a sampling of a new beverage flavor. I acknowledge that the product contains ingredients and additives typically used in beverages.

I acknowledge that I have informed the organizers of any food allergies or dietary restrictions I may have.

☐

I agree to participate in this beverage flavor sampling.

☐

I have disclosed my relevant allergies or dietary restrictions.

## Emergency Contact (Optional)

Emergency Contact Name

Emergency Contact Phone

## Signature

Participant Signature

Date