## **Culinary Workshop Guest Consent Form**

## **Guest Information**

Full Name
Email Address
Phone Number
Emergency Contact
Contact Name
Contact Phone
Allergies & Dietary Restrictions
Please specify any allergies or dietary restrictions
Consent & Acknowledgment
Consent & Acknowledgment
I acknowledge participation is at my own risk and release the organizers of liability.
I consent to photographs and videos taken during the workshop for promotional use.
Signature
Date