

## DIETARY RESTRICTIONS AND ALLERGY DISCLOSURE FORM

Participant Name: \_\_\_\_\_ Event/Program: \_\_\_\_\_

**Contact Information:**

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Dietary Restrictions:**

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**Food Allergies:**

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**Medical Conditions Related to Diet:**

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**Emergency Contact Information:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Consent and Acknowledgment:**

I hereby confirm that the information provided above concerning my dietary restrictions, food allergies, and related medical conditions is complete and accurate to the best of my knowledge. I acknowledge that it is my responsibility to inform the event organizers immediately of any changes to this information. I understand that while reasonable efforts will be made to accommodate my dietary needs, the organizers cannot guarantee the complete absence of allergens or compliance with all dietary restrictions. I release and hold harmless the event organizers, their agents, and employees

from any liability, claims, or damages arising from any adverse reactions related to my dietary restrictions or allergies.

**Participant Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Participant's Signature**

**Event Organizer's Signature**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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