

DIETARY REQUIREMENTS FORM

Participant Name: _____

Event/Program: _____

Contact Information:

Phone Number: _____

Email Address: _____

Dietary Requirements Declaration:

Please indicate if you have any dietary requirements, allergies, intolerances, or preferences that the event organizers need to be aware of. This includes but is not limited to vegetarian, vegan, gluten-free, lactose intolerance, nut allergy, or religious dietary restrictions.

Dietary Requirements / Allergies / Intolerances:

Medical Conditions and Emergency Information:

Please list any medical conditions, medications, or additional information relevant to your dietary requirements or health that the organizers should be aware of in case of an emergency.

Medical Conditions / Medications / Notes:

Acknowledgement and Consent:

By signing below, I acknowledge that the information provided is accurate and complete to the best of my knowledge. I understand that while event organizers will make reasonable efforts to accommodate my dietary requirements, they cannot guarantee a completely allergen-free environment. I release the organizers from any liability arising from adverse reactions related to my dietary needs.

Participant Signature: _____

Date: _____

WITNESS NAME

WITNESS SIGNATURE

Signature: _____

Signature: _____

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