

Liability Waiver Request

Date: [Insert Date]

To Whom It May Concern,

I, [Participant's Name], hereby acknowledge that I wish to participate in the food testing event hosted by [Organization's Name] on [Event Date].

I understand that by participating in this event, I may be exposed to various food products, which could potentially include allergens and ingredients that I may be sensitive to.

In consideration of being allowed to participate, I agree to waive any and all claims against [Organization's Name], its affiliates, and any of its representatives for any injuries, damages, or losses that may occur as a result of my participation.

I confirm that I am of legal age and am signing this waiver voluntarily. I have read and understand the above terms.

Sincerely,

[Participant's Name]

[Participant's Signature]

[Contact Information]