

Restaurant Leftover Waiver Form

Participant Information:

Name: _____

Date of Visit: _____

Contact Number: _____

Waiver Statement:

I, the undersigned, acknowledge that consuming leftover food may carry risks, including spoilage or foodborne illnesses if not stored properly.

Agreement:

- I accept full responsibility for any health issues arising from the consumption of leftovers.
- I release the restaurant from all liability once the food leaves the premises.

Emergency Contact:

Name: _____

Phone: _____

Signature: _____

Date: _____