**Restaurant Spicy Food Waiver Form**

**Guest Information:
Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Acknowledgment:
I understand that the food I am ordering contains high levels of spice, which may cause discomfort, allergic reactions, or health risks.**

**Acceptance of Risk:**

* **I accept all risks associated with consuming spicy food.**
* **I release the restaurant from any liability related to adverse reactions.**

**Health Disclosure (Optional):
☐ I have no known medical conditions that would be affected by spicy foods.
☐ I have consulted with my doctor regarding dietary restrictions.**

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