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: _____