



FOOD ALLERGY DISCLOSURE & LIABILITY WAIVER FORM

Participant Information

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Emergency Contact Name & Phone:

Food Allergy & Dietary Disclosure

Please list all food allergies, intolerances, or dietary restrictions (for example: nuts, dairy, gluten, shellfish, eggs, spices, etc.).

☐ I have no known food allergies or dietary restrictions

☐ I do have food allergies or dietary restrictions, as listed below:

Please describe the severity of your allergy (mild, moderate, severe, anaphylaxis):

Do you carry medication for your allergies (e.g., EpiPen, antihistamines)?

☐ Yes

☐ No

If yes, please specify: _____

Acknowledgment & Assumption of Risk

I understand that Soul India Journeys, its owners, employees, partners, guides, and vendors will make reasonable efforts to communicate dietary needs to restaurants, hotels, and food providers. However, I acknowledge that:

Food preparation standards, ingredients, and labeling practices in India may differ from those in the United States

Cross-contamination may occur despite best efforts

Soul India Journeys cannot guarantee an allergen-free environment

I voluntarily assumed full responsibility for managing my food allergies and dietary needs during the trip.

Release of Liability

By signing below, I agree to release, waive, and hold harmless Soul India Journeys, its owners, employees, contractors, and partners from all claims, liabilities, losses, damages, or expenses arising from allergic reactions, illness, or injury related to food consumption during the program.

I confirm that the information provided is true, complete, and accurate.

Participant Signature: _____

Printed Name: _____

Date: _____