

A Taste of African Heritage Participant Consent Form



Thank you for participating in Oldways' *A Taste of African Heritage* national cooking class series. We're so happy to have you join us.

To be able to measure the effectiveness of this program, your instructor will be collecting confidential feedback and information from you on the first and last days of the series. All feedback is voluntary and will be kept strictly confidential and anonymous, using only first names or numbers.

Your feedback will help us to measure the impacts of *A Taste of African Heritage* and to make improvements to the program. We greatly appreciate your reflections, comments and participation in these evaluations.

If you have any questions or concerns, please contact us at classes@OldwaysPT.org or 617-421-5500.

Please indicate your consent to participate in Oldways' *A Taste of African Heritage* program by signing below.

I understand that my participation in A Taste of African Heritage is completely voluntary. I understand that my privacy will be respected, and I know that I can withdraw from participation at any time.

(Signature)

(Print Name)

(Date)

Photography Permission

To celebrate healthy heritage cooking across the country, we include class photos in printed materials, and on the Oldways website and social media pages. Please check the box below if you permit class photographs that include you to be published.

If photos are taken in my class, I grant permission to Oldways to publish them in printed materials, and on the Oldways website and social media pages.