



266 Beacon Street • Boston, MA 02116

*A Taste of African Heritage Cooking Class Program
Participant Consent Form*

Thank you very much for participating in Oldways' *A Taste of African Heritage* national cooking class program. 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 Paola Garza, Oldways' Program Coordinator, at paola@oldwayspt.org or 617-896-4880.

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 know that I can withdraw from participation at any time."

(Signature)

(Print Name)

(Date)

Photograph Permission

To celebrate healthy heritage cooking across the country, we would like to include class photos on the Oldways website and Facebook page. Please check the box below if you permit class photographs that include you to be published on the Oldways' website.

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.