

# Fantasy Alive Participant Emergency Contact Form

Name: \_\_\_\_\_

Character(s): \_\_\_\_\_

## **Personal Contact Info:**

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

## **Emergency Contact Info:**

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have any illnesses or conditions that may be medically relevant in the event of a medical emergency?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any other relevant information that we should know for you to safely participate in a Fantasy Alive event?

\_\_\_\_\_  
\_\_\_\_\_

I, the Undersigned, have voluntarily provided the above contact information and authorize Fantasy Alive to contact any of the above on my behalf in the event of an emergency.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_