



## EMERGENCY FORM

Legal Name \_\_\_\_\_

Name of Production \_\_\_\_\_

Home Address (not a PO Box) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Guardian's Name (if under 18)/Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency Contact/Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Allergies, Medical Conditions (i.e. Penicillin, Nuts; Epilepsy, Diabetes; etc.) \_\_\_\_\_

Please understand that you are not required to complete this form. It is simply for your safety, should the need arise. You may complete as much of the form as makes you comfortable.

This form will be destroyed at show closing.