

# Mini Festival in the Park – Death Race 25



## Emergency Contact Form

Date: \_\_\_\_\_

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

Role (Staff / Volunteer / Other): \_\_\_\_\_

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

Email Address: \_\_\_\_\_

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### Emergency Contact Information

#### Primary Emergency Contact

- Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

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### Medical Information (Optional but Recommended)

**Allergies or Medical Conditions:** this is more important if you have emergency procedures  
Example Diabetes, extreme allergies

**Medications:**

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Please fill out one per person.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_