

Crawford School of Terror

Waiver

PLEASE PRINT

I, _____, hereby grant permission for a member of **Crawford School of Terror** to take whatever steps may be necessary to obtain emergency medical care for the below named participant. These steps may include, but are not limited to:

- Attempt to contact a parent or guardian if the volunteer is a minor
- Attempt to contact the volunteer's emergency contact listed on file
- A hospital or emergency service

In addition, I agree to not hold **Crawford School of Terror** responsible for any injuries, accidents, lost or stolen items, or any other ill effect suffered as a result of my volunteering for the haunt.

Please list any health problems that we should know about (i.e. Diabetes, epilepsy, heart conditions, allergies, back problems, etc.)

Volunteer Signature

Date

Parent/Guardian IF Minor

Phone Number

Address, City, Zip