

# HAUNTED HILLSIDE

## Medical Consent

I, (please print) \_\_\_\_\_, hereby grant permission for a member of \_\_\_\_\_ (Haunted House) 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, the following:

- 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, you agree to not hold \_\_\_\_\_ (Haunted House) responsible for any injuries, accidents, lost or stolen items, or any other ill effect suffered as a result of your volunteering for the haunt.

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

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\_\_\_\_\_  
Volunteer Signature (and Parent/Guardian Signature if volunteer is a minor)

\_\_\_\_\_  
Date