



Medical Consent

I, (please print) _____, hereby grant permission for a member of Evidence of Evil, LLC 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 Evidence of Evil, LLC responsible for any injuries, accidents, lost or stolen items, or any other ill effects suffered as a result of you 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
