

Legal Guardian Consent Form

Name _____ Age _____ Birthday ____/____/____

Address _____ Phone _____-_____-_____

City _____ State _____ Zip Code _____

School _____ Current Grade (or just completed) _____

Emergency Contact #1 Phone Number _____-_____-_____

Relation to Actor: _____

Emergency Contact #2 Phone Number _____-_____-_____

Relation to Actor: _____

Guardian Email Address _____

TO WHOM THIS MAY CONCERN

The undersigned do hereby give permission for our (my) child,

_____, to attend and participate in all activities

sponsored by T.J Sokol Terror on 12th Street Haunted Houses from October 1, 2022 through
October 1, 2023.

Participant Signature

Date

Legal Guardian Signature

Date

Do you have any allergies? Yes/No _____

If yes please write them below. (Let us know all food allergies and if you are allergic to latex)
