

## 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

Is it okay to post your child on our social media (Facebook/Instagram)? Yes/No \_\_\_\_\_

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)

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