

## Realm of Terror Medical Information

Actor Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please indicate a person to contact in the event of a emergency or accident:**

Name: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Relation to you: \_\_\_\_\_

**Are you taking any medications that you feel we should be aware of, in case of an emergency?** (If you need more room, answer on back):

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**Do you have any known allergies that you feel we should be aware of?:**

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**Are you Claustrophobic?** ( ) Yes ( ) No

**Are you Asthmatic?** ( ) Yes ( ) No

**Are you Epileptic?** ( ) Yes ( ) No

**Are you able to work in an environment with theatrical (fake) smoke?** ( ) Yes ( ) No

**Are you sensitive to strobe lights?** ( ) Yes ( ) No

\*If yes, what happens when you are exposed to strobe lights?:

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**Do you experience panic attacks?** ( ) Yes ( ) No

\*If yes, please share any known triggers that might be relevant to working in a haunted house:

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**Please list any other health concerns you feel we should know about:** (Examples: "diabetic" "prone to fainting" "bad knees"): \*Use the back of this page if you need more room\*

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If I need medical treatment while participating with "The Realm of Terror Haunted House" it is my wish that the treatment be begun while efforts are being made to contact the person I have listed so that treatment is not delayed. I consent to any medical procedures that the physician believes needed on the understanding that efforts will continue to be made to my contact. I accept full responsibility for all costs related to such treatment.

**Please sign your name, and date below. Signature of parent/ guardian needed if under 18.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



**Training Certification & Background Check:**

By signing below, I verify that I have been trained in the operation of The Realm of Terror Haunted Attraction as required by the State of Illinois Department of Labor. Further I understand the rules and regulations of this attraction and consent to a background check and potential drug/alcohol testing.

\_\_\_\_\_  
Legal First and Last Name

SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
RoT Management Signature

\_\_\_\_\_  
Date

**Authorization for Background Check**

- I authorize Realm of Terror to order my background report. I understand that Realm of Terror may rely on this authorization to order additional background reports as defined in the Fair Credit Reporting Act (FCRA), from a consumer report agency. Consumer reports include, but are not limited to, criminal background checks and sex offender registries.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



**Realm of Terror Parental Consent Form:**  
For Actors under 18 years of age - *Please write clearly*

Actor Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Best Contact number for Parent/Guardian: (\_\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_ give permission for my child/ward,  
Parent/Guardian Signature

\_\_\_\_\_, to participate as an actor at The Realm of Terror Haunted House. I understand that they will be acting in the haunted house, and will be expected to be there throughout the entire performance. Further, I understand that nightly performances may run later than 12am on some nights.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Actor Signature

\_\_\_\_\_  
Date