

EMERGENCY CONTACT FORM

This Emergency Contact Information Form is entered into on the

_____ day of _____ ,
20 _____ , by and between the undersigned individual
(hereinafter referred to as "Participant") and the organization requesting this information
(hereinafter referred to as "Organization").

1. PARTICIPANT INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

2. EMERGENCY CONTACT INFORMATION

Primary Contact Name: _____

Relationship to Participant: _____

Address: _____

Phone: _____

Email: _____

Secondary Contact Name: _____

Relationship to Participant: _____

Address: _____

Phone: _____

Email: _____

3. TERMS AND CONDITIONS

3.1. Purpose: The information provided in this form will be used solely for the purpose of contacting the designated individuals in case of an emergency involving the Participant.

3.2. Confidentiality: The Organization agrees to maintain the confidentiality of the information provided, except as necessary to fulfill the purpose of this form or as required by law.

3.3. Governing Law: This form shall be governed by and construed in accordance with the laws of the State of _____ .

3.4. Severability: If any provision of this form is found to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

3.5. Entire Agreement: This form constitutes the entire agreement between the parties regarding the subject matter hereof and supersedes all prior agreements and understandings, whether written or oral.

3.6. Notices: Any notices required or permitted under this form shall be in writing and delivered to the addresses provided herein. Notices shall be deemed received upon delivery if delivered personally, or three (3) business days after being sent by certified mail, return receipt requested.

3.7. Amendment: This form may only be amended or modified by a written agreement signed by both the Participant and the Organization.

3.8. Termination: This form may be terminated by either party upon written notice to the other

party. Upon termination, the Organization shall cease using the information provided, except as required by law.

3.9. Acknowledgment: The Participant acknowledges that they have read and understood the terms and conditions of this form and agrees to be bound by them.

4. SIGNATURES

Participant Signature: _____

Date: _____ day of
_____, 20 _____

Print Name: _____

Organization Representative Signature: _____

Date: _____ day of
_____, 20 _____

Print Name: _____

Witness Signature: _____

Date: _____ day of
_____, 20 _____

Print Name: _____

Notary Public Signature: _____

Date: _____ day of
_____, 20 _____

Print Name: _____

Commission Expiration Date: _____

This Emergency Contact Information Form is executed as of the date first above written. The undersigned acknowledges having read and understood the terms and conditions of this form.