Lake Geneva
WINE FESTIVAL

Volunteer Emergency Information

Print Name Last First

Please list pertinent medical information below, including special medical concerns, medications, allergies, other. Use reverse side or attach information, if necessary.

In case of emergency contact:

Name	**Relationship**	**Phone**
Name	**Relationship**	**Phone**

Please list below any activities in which you cannot participate due to physical restrictions.

By signing below, I indicate I understand that this information will be held securely and shared with appropriate personnel in case of emergency.

Signature **Date** **2011**