



COMPANY SLOGAN / TAGLINE HERE
COMPANY NAME

Company Tag Line Here

Your Company Name Here

Do to the inherent danger associated to aerial performance, an *Emergency Response Plan* (ERP) must be in place prior to our performance. The following information shall be filled out in detail.

Venue Name: _____

Venue Address: _____

Venue Administrator or Security Lead at Performance: _____

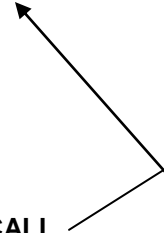
Administrator or Security Phone Number: _____

IN CASE OF A MEDICAL EMERGENCY ...

(circle one)

CALL 911 FROM STAGE

CALL ADMINISTRATOR/SECURITY WHO WILL THEN MAKE EMERGENCY CALL



Who will take charge of the scene on Stage?

How will the audience be dealt with?

In the event of an injury on stage, the stage will be cleared of all but pertinent personnel. Who will enforce this and when?

How will traumatized patrons be dealt with?

If injury occurs, contact performer(s) emergency contacts (in order listed).

CONTACT #1

Name: _____

Relationship: _____

Phone # _____

CONTACT #2

Name: _____

Relationship: _____

Phone # _____

CONTACT #3

Name: _____

Relationship: _____

Phone # _____

Performer First Aid Considerations:

On the date of performance, is the performer currently taking any medication(s)?

(circle one) YES NO

If YES, what? _____

Does the performer have any health condition(s) which may affect emergency medical treatment?

(circle one) YES NO

If YES, what? _____

In an "Emergency Situation," are there any spiritual or religious considerations the performer would like taken?

(circle) YES NO

If YES, what? _____

