



Company Tag Line Here

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## 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:** \_\_\_\_\_

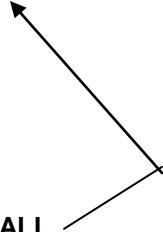
**Administrator or Security Phone Number:** \_\_\_\_\_

### **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?

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How will the audience be dealt with?

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

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How will traumatized patrons be dealt with?

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**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? \_\_\_\_\_

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

(circle one)      YES      NO

If YES, what? \_\_\_\_\_

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

(circle)   YES      NO

If YES, what? \_\_\_\_\_

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