REQUIRED CLAIM FORM

Attending Physician Statement

We do not request or require disclosure of any personal health information or diagnosis. If the ticketholder is unable to attend the Event for which the Ticket is purchased due to any serious injury or unforeseen illness, the Ticketholder must be examined by a Physician. That physicial must advise the Ticketholder in writing not to attend the Event. Documentation of such examination and advisement not to attend event must be presented to Us, for claim to be processed.

Patient's First Name_____ Last Name_____ Date of Birth_____

What date did illness commence / injury occur? _____

Date(s) of any hospitalization *(If Applicable)* From _____ Through _____

From _____ Through _____

If patient is the ticketholder/participant, did this condition disable him/her from attending/participating?

Yes ☐ No ☐

Include dates of disability From _____ Through _____

If patient is a ticketholder's/participant's family member, please indicate dates the family member's care / attendance were required:

From _____ Through _____

Physician's Name (printed) _____ T.I.N. _____

Physician's Signature _____ Date _____

Address _____

_____

City _____ Zip Code _____ Telephone (xxx) xxx-xxxx _____

I, _____, hereby request that my treating physician complete this form so that I may submit the completed form as the basis of a refund request. I am authorizing my treating physician to release this information about me and further authorize Protecht, Inc. or FanShield, LLC to review this information as support for my refund request subject to its Privacy Policy to which I have agreed.

Patient's Signature _____ Date _____