

Form for Guests with Special Needs

to determine the admission price

Welcome to Phantasialand! We want to ensure all guests have a memorable, safe, and worry-free visit. To assist you with selecting the right ticket, please send the completed form to shop@phantasialand.de.

Personal details	
Name:	Date of birth:
Postcode & Country:	
the scope of the assessments outlined in our brochure	actions is generally not permitted for guests with tment Act, you may independently use attractions within "Information for Guests with Disabilities". You can obtain antasialand.de. Please make sure to familiarise yourself
with the risks and requirements described therein. Deposelected attractions may be possible. This is subject to	ending on the type and severity of your disability, access to signing a usage and waiver agreement on-site at Guest n German. Therefore, sufficient knowledge of the German
Discount for guests with special needs Guests with a temporary or permanent physical or men price or free entry. To help us assess your status, pleas	, ,
☐ Blind or visual acuity < 0,02 (1/50)	
$\hfill\square$ Guests who can only move outside their vehicle with	assistance or great effort
☐ Constantly dependent on assistance: Deaf or hard of activities, restricted use of public transport	hearing with speech impairment, limitations in basic daily
☐ Other impairments – please specify only if not alread	ly listed above:
Note	

Please have an official document ready at the entrance to verify your impairment. Valid proof includes, for example: disability ID card, parking permit for people with disabilities, "Autipas", medical certificate (original and signed). This form does not replace the usage and waiver agreement mentioned earlier, which you will receive at Guest Relations.

Declaration

I confirm that I have completed this form truthfully and acknowledge its content. (Note: You must be of legal age to sign this declaration. If you are not, a parent, guardian, or legal representative must sign.)

Place, Date & Signature:	