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.
If your disability prevents you from completing and signing this declaration, a legal representative must sign it on your behalf.

Information on the use of attractions

Due to our safety and usage regulations, the use of attractions is generally not permitted for guests with disabilities. However, based on the General Equal Treatment Act, you may independently use attractions within the scope of the assessments outlined in our brochure “Information for Guests with Disabilities”. You can obtain this brochure from Guest Relations or online at www.phantasialand.de. Please make sure to familiarise yourself with the risks and requirements described therein. Depending on the type and severity of your disability, access to selected attractions may be possible. This is subject to signing a usage and waiver agreement on-site at Guest Relations. Please note: The brochure is only available in German. Therefore, sufficient knowledge of the German language is required.

Discount for guests with special needs

Guests with a temporary or permanent physical or mental impairment may be eligible for a reduced admission price or free entry. To help us assess your status, please tick the appropriate boxes:

Personal details

Name: _____ Date of birth: _____

Postcode & Country: _____

☐ Blind or visual acuity < 0,02 (1/50)

☐ Guests who can only move outside their vehicle with assistance or great effort

☐ Constantly dependent on assistance: Deaf or hard of hearing with speech impairment, limitations in basic daily activities, restricted use of public transport

☐ Other impairments – *please specify only if not already 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: _____