

EMERGENCY MEDICAL PERMISSION FORM

The undersigned parent or guardian hereby gives permission to ADRENALINE ZONE PAINTBALL to authorize emergency medical treatment as may be necessary for the child named below, while playing paintball games at ADRENALINE ZONE PAINTBALL from this date _____ through year end.

NAME OF PLAYER (AGE 10 TO 15)

TELEPHONE

ADDRESS

CITY, STATE

ZIP

SIGNATURE OF PARENT OR GUARDIAN

HOSPITALIZATION INSURANCE POLICY NUMBER

INSURANCE COMPANY

In addition to this form, APL WAIVER MUST BE SIGNED BY PARENT OR GUARDIAN, as well as by the minority age player.