

Extreme Scenario Paintball, LLC

Emergency Medical Permission Form

The undersigned parent or guardian hereby gives permission to Extreme Scenario Paintball, LLC, to authorize emergency medical treatment as may be necessary for the child named below, while playing games at Extreme Scenario Paintball, LLC.

Effective Date _____ / ____ / _____ thru end of year

Name of player (First – Middle – Last)

Address of Player

House Number _____ Apartment Number _____

Street _____

City _____ State _____ Zip Code _____

Telephone Number of parent or guardian _____

Name of parent or guardian (First – Last)

Signature of parent or guardian

Insurance Policy Number _____

Insurance Company _____

In addition to this form, the Extreme Scenario Paintball, LLC liability waiver must be signed by a parent or guardian and the minority age player.