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

_____ _____
NAME OF PLAYER (AGE 10-15) TELEPHONE

_____ _____ _____
ADDRESS CITY, STATE ZIP CODE

_____
SIGNATURE OF PARENT OR GUARDIAN

_____ _____
HOSPITALIZATION INSURANCE POLICY NUMBER INSURANCE COMPANY

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