

MEDICAL PERMISSION FORM

The undersigned parent or guardian hereby gives permission for: ULTIMATE PAINTBALL, INC. to authorize emergency medical treatment as may be deemed necessary for the child named below, while playing paintball games at ULTIMATE PAINTBALL, INC.

on this date _____

NAME OF MINOR AGED PLAYER

ADDRESS

CITY, STATE ZIP

TELEPHONE

SIGNATURE OF PARENT OR GUARDIAN

MEDICAL INSURANCE POLICY NUMBER

INSURANCE COMPANY

IN ADDITION TO THIS FORM, A WAIVER FORM MUST BE SIGNED BY A PARENT OR GUARDIAN, AS WELL AS THE MINORITY AGE PLAYER