EMERGENCY MEDICAL PERMISSION FORM

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

NAME OF PLAYER (AGE 10 to 15)	TELEPHONE

ADDRESS	CITY, STATE	ZIP CODE

SIGNATURE OF PARENT OR GUARDIAN

HOSPITALIZATION INSURANCE POLICY NUMBER	INSURANCE COMPANY

In addition to this form, a Waiver Of Liability must be signed by parent or guardian, as well as by the minority age player.