

# Parent Release Form

*For participants under 18 years of age*

\_\_\_\_\_  
**Participant Name**

I hereby certify that I am the parent or guardian of the paintball participant named above, and do give my consent without reservation to the foregoing and agree to hold harmless the aforementioned from any liability.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Printed Name*

\_\_\_\_\_  
*Contact Phone Number*

In the event that I cannot be reached in an emergency, I hereby give permission to any licensed physician, surgeon, clinic, or hospital to secure proper treatment and to order injection or anesthesia for my child as named above. I hereby state that my child is free from all communicable diseases, has not been treated for any such disease within the past six months, and has received all required immunizations.

\_\_\_\_\_  
*Parent/Guardian Signature*