

Medical Release Waiver

In the event that I am unable to consciously make medical decisions for myself, I, _____, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered by, a physician on the medical staff of any accredited hospital, whether at the office of the physician or at the hospital.

It is understood that this authorization is given to provide authority and power on the part of the owner of *PowerPlay Paintball LLC* or the "bearer" to give specific consent to any and all such diagnosis, treatment, or hospital care which the physician in the exercise of his judgment may deem advisable.

Doctor to call in case of emergency: _____ Phone: _____

Existing illnesses or conditions: _____

Allergies to medications: _____

Emergency contact number: _____ Alternate emergency # _____

Relationship: _____ Phone: _____

Name (Print): _____ Signature: _____ Date: _____

This remains in effect through the current years end. If any changes to information is needed, it is the responsibility of the above signed person to notify *PowerPlay Paintball LLC* of the change(s) needed.

Medical Release Waiver for Minors Under 18 years of age

In the event that I cannot be reached to make arrangements for emergency care, the undersigned parent/guardian of _____, a minor, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered by, a physician on the medical staff of any accredited hospital, whether at the office of the physician or at the hospital.

It is understood that this authorization is given to provide authority and power on the part of the owner of *PowerPlay Paintball LLC* or the "bearer" to give specific consent to any and all such diagnosis, treatment or hospital care which the physician in the exercise of his judgment may deem advisable.

Name parent/guardian (Print): _____

Signature

parent/guardian: _____ Date: _____

