

## MEDICAL PERMISSION AUTHORIZATION

If the participant is of minority age, the undersigned parent or guardian hereby gives permission for His Pumpkin Patch to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in paintball games on this date.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of His Pumpkin Patch, and all other Released but also to release and indemnify the Releases from and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

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Participant's Name

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Age

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PARENT/GUARDIAN'S NAME (PRINT)

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PARENT/GUARDIAN'S SIGNATURE

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EMERGENCY PHONE #(S)