



Paintball Consent Form

DUE: Sunday, Sep 10th

What: Come join us for Round 2 of splattering fun as we engage in all-out, paintball warfare!

When: Saturday, September 16th. We'll leave from HRAC at 8:00am and return around 4:00pm.

Where: Splat Action Paintball (Molalla, OR)

Notes: Cost is \$40 per student. **Don't forget: 1.)** a sack lunch **2.)** long sleeves (long sleeve t-shirt, sweatshirt) to wear over the top of other clothing

Call/Text Jordan (541-340-0442) with any questions

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Student Name: _____ Age: _____ M or F ?

Parent/Legal Guardian Name: _____

Address (w/ City and Zip): _____

Telephone: _____ or _____

Emergency Contact (name & phone): _____

Allergies, Medical Conditions, or Special Needs?: _____

I hereby release Hood River Alliance Church, its staff and sponsors, from responsibility or liability for any injury or illness sustained during the youth group trip, on Saturday, September 16th. I authorize an adult leader for this activity, as agent for me, to consent to any medical treatment advised by a medical professional licensed to practice in the state where services are deemed necessary. I expect to be notified as soon as possible and services will be provided without my knowledge only in situations considered to be an emergency.

Signature: _____ Date: _____

Medical Insurance Co & Policy #: _____