

2020 PAINTBALL PERMISSION SLIP

I, _____, give _____ permission
(Print Parents Name) (Print Participants Name)

to attend and participate in Calvary's JH Paintball trip to Las Vegas. I understand that my student will be participating in varying activities with other Calvary students, as well as adult leaders from Calvary and that he/she will be transported to and from the event by Calvary leaders.

In case of emergency, I give Calvary Baptist Church or the person placed in charge of my child permission to have my child treated without having to wait until I am contacted. I will not hold the individual in charge, the attending physician, Calvary Baptist Church, its staff, or volunteers responsible. I consent to any treatment, including but not limited to: X-ray, examination, medical or surgical diagnosis, treatment, and hospital care.

I understand the activity directors will endeavor to reach me should the nature of the injury or illness warrant it. However, I will not hold any of the activity personnel responsible if efforts to contact me are unsuccessful.

I give my child permission to take the following medication if the person in charge considers there is a need for them: (Please check each medication which you give your child permission to take.)

- Tylenol (regular or extra strength) - for fevers, headaches, muscle cramps, aches
- Advil - headaches, muscle cramps, fevers, aches
- Mylanta, Maalox - upset stomach
- Dramamine - motion sickness
- Murine Eye Drops - irritated eyes
- Benadryl - allergic reactions

List any physical, emotional, or mental needs so that our leaders can be sensitive to their special needs.

Insurance Carrier _____

Policy Number _____ Group Number _____

Student's Date of Birth _____ Age _____ Grade _____

Emergency Contact Numbers:

Name _____ Home: _____ Cell: _____

Name _____ Home: _____ Cell: _____

I have read the above and agree to not hold Calvary Baptist Church or the adult supervisors liable for any injuries that may occur during this event. I, therefore, will allow my student to participate in this Calvary Baptist Church sponsored event.

Parent's Signature _____ Date _____



NATIONAL SPORTS ENTERTAINMENT & RECREATION ASSOCIATION

Industry Insurance Programs

www.nsera.com/paintball

Bonehead Paintball LLC = BHP

Phone: (702) 267-6042

READ CAREFULLY

WAIVER AND RELEASE OF LIABILITY

In consideration of BHP furnishing services and/or equipment to enable me to participate in paintball games, I agree as follows:

I fully understand and acknowledge that: (a) risks and dangers exist in my use of Paintball equipment and my participation in Paintball activities; (b) my participation in such activities and/or use of such equipment may result in my injury or illness including but not limited to bodily injury, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of BHP; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of BHP, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify BHP and it's owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of Paintball equipment or my participation in Paintball activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presentiv or in the future for the neallant acts or other conduct by the owners, agents, officers or employees of BHP.

MEDICAL PERMISSION AUTHORIZATION

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

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE BHP FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

| | | | |
|--|---------|-----------------|-------|
| Print Name | Age | Date of Birth | Phone |
| Signature | Address | City, State Zip | |
| Signature of Parent/Guardian (if less than 18 years old) | E-mail | | |
| Date: _____ | | | |