

Hueston Woods Paintball Club

5201 Lodge Road

College Corner, Ohio 45003

PHONE: 513-664-3551 (Saturday & Sunday)

PHONE: 513-664-3500 (Monday – Friday)

FAX: 513-523-1522 www.hwpaintball.com or www.hwresort.com

AUTHORIZATION FOR MEDICAL TREATMENT

I _____ (print name) verify that I am the parent or legal guardian of the minor child named below and hereby authorize the officers, employees or agents of Xanterra Recreational Services, Inc., dba Hueston Woods Paintball Club, to furnish or authorize emergency medical treatment for this child while participating in paintball activities at Hueston Woods Paintball Club.

This authorization is valid from today's date, _____, through the end of

_____.

Name of Minor-Age Participant

Address

City

State

Zip

Signature of Parent or Legal Guardian

Date

Drivers License or SSN Number

Medical Insurance Company

Policy Number