



**REQUIRED FOR PLAYERS OF MINORITY AGE**  
**(UNDER 18 AT TIME OF REGISTRATION)**  
**TO BE FILLED OUT BY PARENT OR LEGAL GUARDIAN**

I AM THE PLAYER'S (please check one):

- PARENT** – you are the mother or the father
- LEGAL GUARDIAN** – you are a Step-parent or have a legal document declaring you guardian
- OTHER** – friend, neighbor, sibling, etc...

Relationship to player \_\_\_\_\_

This is to certify that I, as parent/guardian with legal responsibility for this participant or with permission from the parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of THE SIEGE PAINTBALL, LLC and all other Releasees but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

I hereby give permission to THE SIEGE PAINTBALL, LLC to authorize emergency medical treatment as may be necessary for the child named below while playing paintball games at THE SIEGE PAINTBALL, LLC, from the date of this release through year end.

**PLEASE NOTE FOR THOSE THAT SELECTED "OTHER" BY SIGNING THIS YOU AGREE TO THE FOLLOWING:**

This is to certify that I have received permission from the participant's legal parent/guardian to bring their son/daughter to play paintball at THE SIEGE PAINTBALL, LLC and to sign any and all necessary releases in order for their child to participate. It is understood and agreed that THE SIEGE PAINTBALL, LLC is relying upon this certification and that this certification is **GOOD FOR ONE DAY ONLY**.

**PLEASE FILL OUT COMPLETELY:**

Print name of **PLAYER** listed on page 1 \_\_\_\_\_

Print name of **PARENT/LEGAL GUARDIAN**: \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PRINTED NAME OF **SIGNER** \_\_\_\_\_

EMERGENCY PHONE #s \_\_\_\_\_

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Hospitalization Policy Number (Optional)

PAPER WAIVERS ARE ONLY VALID FOR ONE DAY. TO HAVE VALID WAIVER ON FILE UNTIL DECEMBER 31<sup>ST</sup>, 2015 VISIT **SIEGEPB.COM** AND COMPLETE DIGITAL WAIVER. IF UNDER 18 PARENT PORTION MUST BE FILLED OUT CORRECTLY.

**This is page 2, please make sure you have also completed page 1.**