



423-349-8078

4951 Sullivan Gardens Pkwy

Kingsport, TN 37660

www.pathfindersonline.com

Paintball release forms

Participant/ guardian waiver

Participant _____

In consideration of your accepting me or my child for participation in a paintball tournament/ game with Pathfinders, I hereby, for myself, my heirs, executors, administrators, waive and release any and all rights and claims for damages that I may have as a result of my participation in any program, activity, or sport sponsored by Pathfinders/Solomon's Vault.

I understand that the program involves shooting and being shot at with paintballs at high velocities, which could cause serious injury. I understand that paintballs will cause whelps and bruises when I or my child are hit. **I or my child will be given a face mask that I or my child must wear at all times, unless I or my child are in a designated safe zone. If I or my child remove the mask and am not in a designated safe zone we will be removed from the game for the remainder of the day.**

I warrant that I have the right to authorize the foregoing and do hereby agree to hold Pathfinders/Solomon's Vault harmless of and from any and all liability of whatever nature, which may arise out of or result from such participation.

For the considerations stated above, I further agree that in the event my child or I should make any claim against the above-named organization for damages arising out of participation with them, I will personally indemnify, defend, and hold harmless the organization and its agents, employees,

representatives, successors, volunteers and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

Participant Signature _____ Date _____
(If a minor parent or guardian signature is required)

Parent/Guardian Signature: _____ Date _____

Witness Signature: (non-family member) _____ Date _____

Medical release form

I the undersigned have legal custody of _____, a minor and have given my consent for him to attend events organized by Pathfinders. I understand that there are inherent risks involved in any outdoor activity or athletic event, and in the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by the paid or volunteer staff of Pathfinders. In the event that my minor child needs surgery two physicians must concur on the need.

I agree to hold Pathfinders, its agents, employees, representatives, successors, volunteers and assigns harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also

acknowledge that I will be ultimately responsible of the cost of any medical care should the cost of that care not be covered by my insurance provider. Further, I affirm that the health insurance information provided herein is accurate at this date and will, to the best of my knowledge, still be in force for the student named above during their participation with Pathfinders.

Parent/Guardian Signature: _____ Date: _____

Witness Signature: (non-family member) _____ Date _____

Medical insurance Company _____

Policy # _____

Name the policy is under _____

Person to contact in the event of an emergency _____

Phone number: Home _____

Cell _____