

Paintball

Call out for High School Youth

Saturday, May 8

9am-3pm

White River Paintball

(meet in front of Parish Hall to carpool)

5211 South New Columbus Road

Anderson, IN 46013

\$33 per player

(includes Tippmann 98 paintball Gun, 250 rounds, field entry,

Air fills, mask, tank and belt pack)

Bring extra funds for lunch & snacks

Contact Paul Sifuentes to sign up
youthministry@zionsvillecatholic.com

or 873-2885 ext. 106

NATIONAL SPORTS ENTERTAINMENT & RECREATION ASSOCIATION

Industry Insurance Programs

www.nsera.com/paintball

White River Paintball Inc=WRP PHONE: 317-489-3732

RELEASE OF LIABILITY, INDEMNITY AND ASSUMPTION OF RISK - READ BEFORE SIGNING

IN CONSIDERATION of being permitted to participate in any Paintball and/or Airsoft activities including, but not limited to, playing, using the premises of, renting and operating equipment leased, sanctioned and/or operated by the above named vendor, I acknowledge and agree that:

I fully understand and acknowledge that; (a) risks and dangers exist in my use of Paintball and/or Airsoft equipment and my participation in Paintball and/or Airsoft 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 WRP; 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 WRP, 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 WRP 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 and/or Airsoft activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of WRP. This waiver is good through

MEDICAL PERMISSION AUTHORIZATION

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

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

PLEASE WRITE AS CLEARLY AS POSSIBLE

Name (PLEASE PRINT)

Age

/ /

- -

/ /

Date of Birth

Phone Number

Date

HAVE EVER PLAYED AT WHITE RIVER PAINTBALL BEFORE?	
Yes	No

Address

City

State

Zip Code

Email

Signature

Signature of Parent/Guardian (if less than 18 years old)

DATE: April 24, 2010

Appendix #36

**PARENTAL FIELD TRIP AND TRANSPORTATION NOTIFICATION, LIABILITY WAIVER,
AND MEDICAL INFORMATION FORM.**

We, the parent or guardian of _____
(Child's name)

Permit our son/daughter to attend the White River Paintball Activity in Anderson, Indiana
(Name of trip/destination)

Being planned by Paul Sifuentes and Terie Thompson on Saturday, May 8, 2010
(Parish representative) (Date)

From 9am in front of the Parish Hall to 3pm in front of the Parish Hall.

The purpose of this trip is: Youth Ministry activity for all High School Youth of the Parish

We, as parents/guardians of the undersigned minor(s), hereby consent and agree to hold harmless, St. Alphonsus parish and/or the Roman Catholic Diocese of Lafayette-in-Indiana, Inc., and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with the activity and our child's event arranged transportation necessary to participate in the aforementioned activity. We understand that our child will be assigned to ride with a licensed adult driver, driving a privately owned automobile, or bus and that this assignment will be made by the aforementioned DRE/YM.

We give our permission for our son/daughter, in case of emergency, to be taken to a physician or hospital by either a parent in charge or by parish personnel. We understand that every effort will be made to contact us. If we cannot be reached, we hereby give permission to the physician selected by the parish member in charge or adult chaperone(s) to secure proper treatment for our son/daughter.

Parish representative signature _____ Date _____

Child signature _____ Date _____

Parent/guardian signature _____ Date _____

Parent/guardian signature _____ Date _____

Accident/hospitalization policy name _____

Policy number _____ Home phone/cell phone _____

PLEASE NOTE THAT PARENT(S)/GUARDIAN(S) MUST COMPLETE, SIGN AND DATE THIS AND THE MEDICAL INFORMATION ON THE NEXT PAGE.

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibilities for the health of my child. Of the following statements pertaining to medical matters, **sign only those in accordance with your wishes.**

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to the parish, it's officers, directors and agents, and the Diocese of Lafayette-in-Indiana, agents, representatives, volunteers and employees of either the diocese or any parish thereof, and chaperones or representatives associated with this event to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above number, contact:

NAME and RELATIONSHIP _____

Telephone number(s) _____

FAMILY DOCTOR _____

Telephone number _____

FAMILY HEALTH PLAN CARRIER _____

Policy number _____

(1) Signature _____ Date _____

Other medical treatment: In the event it comes to the attention of the parish, its officers, directors, and agents, and the Diocese of Lafayette-in-Indiana and all parishes within the diocese, and the officers, agents, representatives, volunteers and employees of either diocese or any parish thereof, and chaperones or representatives associated with the event, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect.

(2) Signature _____ Date _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows:

(3) Signature _____ Date _____

No medication of any type whether prescription or non-prescription may be administered to my child unless the situation is life threatening and emergency treatment is required.

(4) Signature _____ Date _____

I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

(5) Signature _____ Date _____

Specific medical information: parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.) _____

Immunizations: date of last tetanus/diphtheria immunization _____

Medications child currently takes _____

Does the child have a medically prescribed diet? _____

Does the child have any physical limitations? _____

Is the child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has the child recently been exposed to contagious disease or condition, such as mumps, measles, chicken pox, etc.? If so, date and disease or condition _____

You should also be aware of these special medical conditions of my child _____