

# Realms Of Ruin Inc

## MEDICAL PERMISSION FORM

The undersigned parent or guardian hereby gives permission for:

**Realms Of Ruin Inc** to authorize emergency medical treatment as may be deemed necessary for the child named below, while playing paintball games at **Realms Of Ruin Inc, 19733 Bauer Road, Custer Park, IL. 60481 from this date thru 04/01/11**

The undersigned parent or guardian hereby certifies with their signature that all information is accurate, and that the minor aged player is at least 10 years of age.

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NAME OF MINOR AGED PLAYER

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ADDRESS

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CITY, STATE

ZIPCODE

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TELEPHONE

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SIGNATURE OF PARENT OR GUARDIAN

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MEDICAL INSURANCE POLICY NUMBER

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INSURANCE COMPANY