

WAIVER OF LIABILITY, MEDICAL TREATMENT AUTHORIZATION,  
MEDICAL CONDITIONS DISCLOSURE, EMERGENCY NOTIFICATION

TODAY's Activity:  Paintball  Pryo Workshop  Stunt Camp  Ropes Course  Zipline  Birthday Party  Wedding  Water Activity  Shooting Sport  Archery

In consideration of being allowed to enter Stunt Ranch, Hill 13 Paintball Field, and/or Fire Lake Event Center, and/or participate in any party and/or program at this facility, the undersigned, on his or her behalf, and on behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:

I represent that I am the parent or legal guardian of the participant(s) named below, or I have obtained permission from the parent/legal guardian of the participant(s) named below to execute this agreement on their behalf. I agree that the participant(s) named below and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any party and/or program at Stunt Ranch, Hill 13 and Fire Lake Event Center. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest Stunt Ranch representative or official immediately.

I am aware that there are inherent risks associated with participation in Stunt Ranch programs, paintball, parties, and/or use of the play area, ropes course and equipment, pyrotechnic activities, and I, on behalf of myself and the participant(s) named below, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants; and, I, for myself and the participant(s) named below, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless the following entity: Whole School Management LLC dba Stunt Ranch, Hill 13, or Fire Lake Event Center, and their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in any and all Stunt Ranch programs, activities, parties, and/or the use of the property.

In the event that I or the minors named below, are injured and are either physically or legally unable to consent to medical aid, I grant full legal permission to Stunt Ranch personnel to authorize or render any medical treatment on my behalf or on behalf of the participant named below, and I warrant that I am authorized to grant such permission.

\_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Minor Participant #1 Name

Medical Conditions / Medications / Drug Allergies: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Minor Participant #2 Name

Medical Conditions / Medications / Drug Allergies: \_\_\_\_\_

\_\_\_\_\_  \_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_  
Adult/Guardian name (PRINT) Adult/Guardian SIGNATURE Date Date of Birth

Medical Conditions / Medications / Drug Allergies: \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Street Address, City, State, Zip phone

\_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_ (please write clearly)  
Email address

IN CASE OF EMERGENCY, Notify

\_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ or \_\_\_\_\_  
Name relationship phone phone

\_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ or \_\_\_\_\_  
Name relationship phone phone