

**THIS IS A 7TH-12TH GRADE STUDENT EVENT**

# **PAINT BALL**

Who: 7th-12th grade students

WHEN: Saturday, June, 16 2012

Where: Sherwood Forest; LaPorte, IN

Time: Meet at VNC at 8:15am

Return: VNC at 2:30pm

Cost: \$45.00

Includes: Transportation, paint, gun, mask rental, and field fee.

Deadline: Forms and payment due:

**Wednesday, June 6, 2012 Forms cannot be accepted without payment.**



## **Other information**

- You will need to bring a sack lunch or money for their concession stand.
- You may bring your own gun and mask, but price will not change
- Do not bring any unauthorized weapons
- Do not bring your own paintballs
- You will receive paintballs with the price
- You may buy more paint at \$70.00 a case
- Failure to meet Sherwood Forest or VNC's regulations will result in your dismissal from the activities

# Paintball Permission Form

June 6, 2012  
For students in 7th-12th grade and chaperones

## Participant Information

(To be completed by participant or authorized guardian)

Name of participant \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please find the attached Student Information Form. VNC will keep the Student Information Form on file for use on all events and trips. If your child/guardian's information changes in the future, please submit a new form.

## Participation Agreement

In consideration for the opportunity to participate in the camping trip on June 6, 2012. The Participant (or parent/guardian if Participant is an minor) acknowledges and accepts the risks of injury associated with participation in and transportation to all locations during the camping trip. The Participant (or parent./ guardian) accepts personal financial responsibility for any injury sustained during the paintball trip or during transportation to and from the camping trip. Further, the Participant (or parent/guardian) promises to indemnify, defend, and hold harmless the activities' sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the " sponsor") for any injury related directly or indirectly out of participation in the camping trip or transportation to and from the camping trip, weather such injury arises out of the negligence of the Sponsor or otherwise. I agree to release and hold harmless any and all staff and lay assistants of the Valparaiso Nazarene Church and or its representative from any and all claims, suits, costs, and actions of any kind whatsoever, arising from their exercise of the power granted by this authorization, unless due to verifiable negligence.

If a dispute over this agreement or any claim for damages arises the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

### Student/Parent Statement of Understanding

I understand that the following items/activities are prohibited and will result in the immediate dismissal from the camping trip without refund and at the cost of my parents/legal guardians. \*alcohol \*tobacco/drugs \*pornography \*profanity \*weapons \*fireworks \*fighting \*going into the opposite sex's facilities \*inappropriate attire/displays of affection. Cost of transportation home will be paid by the parent/guardian signing below.

This release is in effect: June 6, 12012

X Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

X Signature of student \_\_\_\_\_

Both parent and student signatures required regardless of student's age.

# VNC Student Information

→ Please staple a copy (front and back) of your child's insurance card/s to this form. If you do not have insurance, please fill out the "no insurance form" on the back of this form. Please print! In case of an emergency we need to be able to read the information you provide.

Student Information					
Name	First:	Middle:	Last:		
Address	Street:	City:		ZIP:	
Phone Numbers	Home:	Cell Phone Numbers	Father	Mother	Student
Birthday:		Grade:	School:		Sex: Male ___ Female ___
E-mail: <small>Please fill out for everyone</small>	Student	Father		Mother	
Health Concerns					
<small>Are there any health problems that we should be made aware of?</small>					
Physical Disabilities Yes No		Allergies to Medication/Food Yes No		Serious Illness Yes No	
Doctor's Name:		Doctor's Phone:		Doctor's Address:	
<small>Use this area if you need to explain any of the above health concerns. You can write on the back of this page if you need more room.</small>					
Immunizations up to date? Yes ___ No ___		Tetanus up to Date? Yes ___ No ___		Please list medications that your child is currently taking.	
PARENT INFORMATION					
Father's Name:		Mailing Address (if different from student's)			
Work Phone:					
Place of Employment (Name and Address):					
Mother's Name:		Mailing address (if different from student's)			
Work Phone:					
Place of Employment (Name and Address)					
Student lives with (check all that apply): Father _____ Mother _____ {Guardian _____ (relationship to child) _____}					
Photographs and Name: Can we use your child's photograph and/or name in the areas listed below? Please circle your answer.					
Slide Shows: Yes No			Websites: Yes No		
Brochures: Yes No			Facebook: Yes No		
News Articles: Yes No					

By signing below, I understand that this information is correct and that if any information on this form changes, I will inform the Valparaiso Nazarene Church of any changes. I am also signing to give my permission to the use of my child's name and photo to be used in the areas I have indicated by circling "Yes".

\_\_\_\_\_  
Parent/guardian signature if child is under 18. Student signs if 18 or older. \_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

# No Insurance Form

If there is no insurance for the participant, this form must be filled out and notarized.

Please do not sign until you are in the presence of an authorized Notary Public.

Valparaiso Nazarene Church has a Notary Public on staff. Please call ahead of time to arrange for an appointment.

As \_\_\_\_\_ (name of minor) ("Student") is not covered by any type of health insurance policy or program, I \_\_\_\_\_ (name of parent or guardian), on behalf of Student, hereby guaranty payment for any fees, expenses or costs related to the medical treatment of Student in connection with Student's participation in events and trips with The Valparaiso Nazarene Church and their sponsors. I understand and acknowledge that I may be asked to provide further guarantees of payment to health care professionals and institutions which provide medical treatment to Student.

I also acknowledge that neither General Board Church of the Nazarene, Nazarene Youth International nor Valparaiso Nazarene Church is responsible for the cost of Student's medical treatment and I shall indemnify, defend and hold harmless General Board Church of the Nazarene, Nazarene Youth International, Valparaiso Nazarene Church, their respective officers, directors, employees, agents nor chaperones, from and against any and all claims which may be made as a result of my failure to provide payment for Student's medical treatment.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Relationship to Student \_\_\_\_\_

## **The following section must be completed by a Notary Public**

Before me, a Notary Public, in and for said county and State, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, Personally appeared before me and acknowledged execution of the foregoing.

IN WITNESS WHEREOF, I have hearunto set my hand and Notary Seal.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Notary Public signature \_\_\_\_\_

Commission expiration date \_\_\_\_\_

Notary seal:

# NATIONAL SPORTS ENTERTAINMENT & RECREATION ASSOCIATION

Industry Insurance Programs [www.nsera.com/paintball](http://www.nsera.com/paintball)

## Sherwood Paintball Inc. = SHPB

Phone: (219) 325-8060

### 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 **SHPB**; 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 **SHPB**, 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 **SHPB** 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 **SHPB**. This waiver is good through **11/3/2012**.

#### MEDICAL PERMISSION AUTHORIZATION

If the participant is of minority age, the undersigned parent or guardian hereby gives permission for **SHPB** 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 SHPB FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.**

\_\_\_\_\_  
Print Name Age Date of Birth Phone

\_\_\_\_\_  
**Signature** Address City, State Zip

\_\_\_\_\_  
**Signature of Parent/Guardian** (if less than 18 years old) E-mail

Date: \_\_\_\_\_