



**AUTHORIZATION FORM FOR PLAYERS UNDER 18 YEARS OLD**

I, Mr. or Mrs. \_\_\_\_\_  
authorize my child \_\_\_\_\_ who is \_\_\_\_\_ years of  
age to participate in WARZONE paintball game on the date of \_\_\_\_\_  
I recognize that WARZONE paintball game is not in any way responsible for any  
accidents that may occur from one of the following, playing field and/or  
equipment malfunction, and/or caused by another player and/or caused by  
team member and/or the condition of the field.

**THE SECURITY MASKS ON THE PLAYARD AND IN THE TARGET ZONE ARE OBLIGATORY**

\_\_\_\_\_  
Signature of parent or tutor

I CERTIFY THAT THE SIGNATURE OF THE PARENT OR TUTOR IS AUTHENTIC

\_\_\_\_\_  
Signature of minor participant

Jeu Warzone Paintball

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