Parental Disclaimer

(To be completed by Parent/guardian for players under 16 years of age)

Please read and complete the following on behalf of your child:

I, _____

(Parent/Guardian's Name)

Allow my child, _____

(Child's Name)

to participate in the paintball event entirely at their own risk. I recognise that there are hazards throughout the entire centre including the car park, base camp, access tracks and game zone areas. These include, but are not limited to; fallen trees, holes, burrows, trip hazards, slip hazards, roots, game structures, buildings, barricades, raised platforms, vehicles, stairs, walkways, mud, loose ground, standing water, animal/insect activity and stray shots.

I understand that pellets can bruise the skin if shot at a close distance. I confirm that the operators shall not be liable for any loss or damage, cost or expenses arising from my child's attendance which was not reasonably foreseeable by the operator on the date of attendance at the centre, except in the respect of death or personal injury resulting from any act or omission on the part of the operator.

Footwear: I acknowledge that the recommended footwear for my child is a boot with ankle support and deep tread/rubber soles. I recognise that if my child is not wearing the recommended footwear he/she is participating at a significantly higher risk of injury.I understand that the activity takes place outdoors and ground conditions may be wet, slippery and dangerous.

I understand that any paintballs purchased during the day become the player's responsibility from the time of purchase; the organisers shall not be responsible for replacing any paintballs that might become lost, stolen or accidentally broken.

I confirm and agree my child will never deliberately shoot anyone in the face or head, or at a distance of less than three meters, that he/she will obey all reasonable requests of the centre's marshalling personnel.

Goggles: It is the player's responsibility to ensure that the goggles with which he/she shall be issued fit properly and that the straps are adjusted so as to hold the goggles sufficiently tightly against their face to prevent them from slipping when in use. If in any doubt about how to adjust the goggles, he/she will immediately seek advice from a member of the marshalling staff. Under no circumstances will he/she participate in any part of the paintball event if their goggles are not, at all times, held firmly against their face. **I accept that if he/she lifts or removes his/her goggles for any reason whatsoever when in the gun or games zones, he/she may be excluded from participating in the activity for the remainder of the day and that no refund will be given nor any excuse accepted.**

Photography and video consent: From time-to-time the Paintball venue and/or it's players may take photos and/or videos on site and/or keep various documentary records of the proceedings. I agree to allow any such pictures/videos that may include my child in them to be reproduced by such players and/or the Paintball venue in all and any media together with commentary about the event that may or may not include such details as the date and location of the event.

I accept that the division of guests into teams is at the discretion of the site manager, who will take their wishes into consideration, but will make the final decision using his own discretion (ie: a player may not be able to play against their chosen opponents, and their party may be required to split in two and play against each other, or against another team).

Medical Disclaimer:

☐ *I confirm that I believe my child to be physically fit and able to participate in the game and recognise that the game may require a high level of exertion. Please declare to the centre manager, any illnesses such as asthma, heart disease etc as they may be aggravated by playing paintball.*

Responsible adult: _____

☐ *I understand that I am leaving my child in the care of the responsible adult named above, whom will remain on the premises to ensure the above conditions are adhered to throughout the session.*

Signature: _____ Date: __ __ / __ __ / __ __