SKIRMISH - ENTRY FORM

PLEASE READ AND COMPLETE THE FOLLOWING (BLOCK CAPITALS PLEASE)

I, the undersigned, understand that I have agreed to play the Game entirely at my own risk (recognising that there are hazards in the woods - fallen trees, dead branches, sharp objects, holes etc., and that pellets from the gun can bruise or break the skin). I shall conform to all safety regulations in force and that, at all times indemnify SKIRMISH and the organisers and absolve them from liability in respect of damage or death to people or property howsoever this may arise.
I confirm that I am 12 years of age or older or 11 years old and in year 7 at school.
Eyes and Ears: A pair of safety goggles will be provided to protect your eyes and ears, which must be worn at all times in the wood. The only place that they do not have to be worn is in the safe compound (this area will be shown to you, if you are in doubt please ask a marshal for clarification after the safety talk).
If you do not follow the safety regulations in the **"safety", "gun"** and **"field"** talks you have a high risk of serious injury to eyes and ears.
I agree to a computerised record being kept of the above details for the sole purpose of future mailings about activities related to SKIRMISH. Such information would be for use by the site owner only and will not be made available to any other source.

SURNAME: _____ **FIRST NAME:** _____

ADDRESS: _____

_____

_____

_____ **POSTCODE:** _____

TELEPHONE NUMBER: _____ _____

E-MAIL: _____

WHO ORGANISED YOUR GROUP: _____

DATE OF BIRTH (IF UNDER 18): _____

HAVE YOU EVER PLAYED PAINTBALL BEFORE:(please indicate) **NO, ONCE, TWICE, OVER**

SIGNATURE: _____ **DATE:** _____

please do not write below this line

GUN NUMBER		GROUP ORGANISER	