

## **INSURANCE DISCLAIMER**

V10/25			
No:			

Section 1) Player's Details:					
Full Name:					
Date of Birth (day, month, year):					
House Name/No.:					
Street & Postcode:					
Emergency Contact:					
Emergency Contact Telephone:					
Section 2) Declaration:	<del></del>				
l wish to play paintball and sign this document in consideration this activity. I confirm and agree that:	າ of being given the opportunity to engage in				
responsible for my own actions and/or involvement. I accept that this activit to myself and others exists. I will not participate until having first received a follow all of the safety rules and all game rules given to me in the safety brief centre, including car park, 'safe zone' and 'game zones'. I understand that the (but not limited to); poor weather conditions, fallen/falling trees/branches, heatructures/buildings/barricades, raised platforms, sharp objects and vehicles risk. I will comply with the rules and use the equipment as instructed, and not the marshals. I understand paintballs can cause bruising and cut the skin. I than three metres. I WILL WEAR MY GOGGLES AND NOT REMOVE THE goggles issued to me fit properly, with straps adjusted so goggles do not slip proper fit or am at all unsure, I will seek help from staff immediately. I will we under 18s must wear the overalls that are provided at all times outside the will be offered an overall, but if I choose not to wear it then I do so at my own shell and/or fill of the paintballs may make contact with my clothing and/or rethat may include me may be reproduced by the centre in any media. If I wis date, is undamaged, is safe to use and I consent to a chronograph test of mediate, is undamaged, is safe to use and I consent to a chronograph test of mediate, is undamaged, is safe to use and I consent to a chronograph test of mediate, is undamaged, is safe to use and I consent to a chronograph test of mediate, is undamaged, is safe to use and I consent to a chronograph test of mediate, is undamaged, is safe to use and I consent to a chronograph test of mediate, is undamaged, is safe to use and I consent to a chronograph test of mediate, is undamaged, is safe to use and I consent to a chronograph test of mediate and mediately. I will we have the strain and exertion involved in playing. I have prevent me from playing. Any existing injuries and/or any medical conditions.	safety briefing to which I will pay full attention and I will efing. I recognise that there are hazards throughout the being an outdoor activity there may be hazards including oles, trip hazards, wet/slippery surfaces, game s. I understand vehicles are parked entirely at owner's not as to injure or hurt others. I will obey all directions of will not deliberately shoot anyone at a distance of less and outside the designated 'Safe Area'. I will ensure the ip. If I am unable to adjust my goggle straps to achieve a rear suitable footwear (closed toe shoes/trainers/boots), designated 'Safe Area'. Participants aged 18 and over any risk to myself and to my clothing. I understand the my skin/hair. Any photos taken by staff of today's event to use my own equipment, I confirm that it is all in testing marker. I WILL ONLY USE PAINTBALLS AND to be bought and used by those aged 18 years or over with any of the above may result in my EJECTION FROM that in playing at this paintball event. I am physically fit no existing injuries and/or any medical conditions that				
I hereby release, remise and forever discharge from any claims and liabilitie against the event organisers, owners of the property on which the event is be might injure me however arising. I make this release on behalf of myself,	being played and/or any other player in the game who				
Player's Signature:	Date of Visit:				
(NB: Player must sign here, whatever their age. Please complete	e section 3 for under 18s)				
Section 3) Parental Consent (required for under 18s)	:				
(full name):					
having read all of the above also confirm and agree to all of section 2 on behalf of myself and the minor named in section 1.  I consent for him/her to participate in this paintball event.					
Parent/Guardian's Signature :	_ Date of Visit:				