

TARGETS PAINTBALL

To be completed by all players under 18

Declaration by parent/guardian

I give consent for my son/daughter (name)

To participate in Paintball Games on (date)

I understand that, whilst every reasonable care will be taken, Targets Paintball and its employees cannot be held responsible for loss or damage to property whilst my son/daughter is taking part in this activity.

My attention has been drawn to the desirability of arranging my own insurance in respect of personal accident or to cover loss or damage to personal property.

I give Targets Paintball permission to sign for, in any emergency, medical treatment which may be needed if I am not able to sign the appropriate forms.

I consider my son/daughter to be in good health and capable of participating in paintball activities.

PLEASE LIST ANY MEDICAL CONDITIONS INCLUDING MEDICATION AND ALLERGIES THAT WE SHOULD BE AWARE OF

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Name & address (parent/guardian)

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..... Tel

Signature.....

Date

Declaration by player

I agree to abide by all the rules of the event and accept that marshalling decisions are final. I also understand that I must always wear head protection approved by the event organisers and that failure to comply may result in my suspension from the activities.

signed..... date.....