Please do not email this form to us. It must be presented on the day for scanning by our staff. We cannot accept images on phones.

Staff Use Only: PLAYER NUMBER

PARENTAL CONSENT FORM

THIS FORM MUST BE FILLED OUT IN FULL IN BLACK INK AND BE LEGIBLE - PLEASE PRINT NO PENCIL, BLUE OR RED PEN

ATTENTION ALL PLAYERS AGED 12 - 17, YOU MUST HAVE THIS FORM FILLED OUT COMPLETELY AND BRING IT WITH YOU ON THE DAY. NO PARENTAL CONSENT FORM AND YOU CANNOT PLAY.

1. I warrant that I am fully aware of all risks involved in playing "Paintball" and that there may be the possibility of injury to my child/ward including injury caused to them if any of the "Paintball" equipment does not function properly. I nevertheless assume such risks on their behalf.
2. My child/ward is twelve (12) years of age or older.
3. I accept that for any equipment not returned by my child/ward at the end of the day must be paid for. I understand that if they leave Action Paintball Games without returning all of their equipment including the rental overalls and RFID ID bracelet then I will be responsible for any outstanding charges of monies owed.
4. I understand that Action Paintball Games has a ZERO TOLERANCE POLICY for under 18 year old customers when it comes to any form of safety violations, I understand that if they can not follow THE SAFETY RULES or instructions from STAFF then their Paintball session will be terminated immediately without any refund. I accept this is done for the safety of my child/ward and fully accept these conditions before they can commence play.
5. I hereby state that I am making a free and fully informed decision and give my permission for them to participate in paintball games today and completely indemnify Action Paintball Games, its management,staff, and agents against any future liability regardless of circumstances.

12-17 PLAYER DETAILS

First Name: _____ **Last Name:** _____

Booking Name: _____ **Date of Play:** _____ *D/M/Y* **Date of Birth:** _____ *D/M/Y*

PLEASE NOTE: By signing below I acknowledge and accept the ABOVE conditions TO: ACTION PAINTBALL GAMES

PARENT / GUARDIAN DETAILS

Full Name: _____ **Relationship to child:** *(i.e. Parent/Guardian)* _____

Ph: _____ **Email:** _____

Signature: _____ **Date:** _____ *D/M/Y*

WARNING: PAINTBALL IS DANGEROUS

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