

COMBAT ZONE PAINTBALL LTD

'Low Impact' Paintball Consent form

Declaration

"Combat Zone Paintball treats the Health and Safety of all participants as a priority. As with any sport/leisure activity there are hazards associated with paintball. It is important for the safety of everyone taking part that each participant is acquainted with those hazards and individually takes all relevant action to minimise those hazards as much as possible."

Players under 16 form to be checked/signed by the adult responsible for the minor on the day:

I understand that:

- Paintballing is physically and mentally intense and may require extreme exertion to play.
- The possibility of injury exists.
- The playing area has varying terrain and may be slippery and have many trip hazards
- There is the possibility of fallen tree debris.
- The participant must wear Goggles at all times unless instructed by a marshal (i.e when in the 'Safe Area')
- Paintballs can cause bruising and/or cut the skin.
- No markers/guns are allowed in the 'Safe Area'
- No physical contact is allowed between participants
- Cars are parked in the car park at owners own risk.
- The site will not accept responsibility for valuables lost or damaged on the paintball site.

I confirm and agree that:

- The participant is 8 years old or older.
- The participant is physically fit and mentally able to take the strain and exertion involved in playing paintball.
- The participant has no medical conditions that would prevent them from playing. (Please make the game manager aware if you use an inhaler or any other medical aid)
- The participant will be given a safety talk of which they must follow .
- The participant must obey all instructions from the game manager/site marshals.
- I will pay any charges incurred before leaving the site.
- I also agree to pay any administration charges, which might occur as a result of cheques being returned, or credit card payments being declined.
- ***I will only use paintballs supplied by Combat Zone Paintball***

I have read and fully understood this agreement. I am aware that by signing this agreement I acknowledge and accept the inherent risk of injury that paintball entails and I waive any claim that may results from my participation in paintball games.

Please print clearly and in CAPITALS

Name of Participant: Date of Birth:/...../.....

Address: Telephone Number:

..... E-mail address:

Post code: Date of Game:/...../.....

Name of Parent/Guardian:

Signature: Date:/...../.....

Combat Zone Paintball may place information about you on our database. Please tick this box if you do not wish to be placed on