

PARENTAL CONSENT FORM

Permission to Play Paintball Game

Date of Game _____

Time of Game _____

Young Persons Details

Name _____ DOB ____ / ____ / ____

Address _____

Allergies/Special requirements _____

Medical Conditions and Treatment _____

Delegated Organiser/Supervisor

Name _____

Contact Details _____

Emergency Contact

Name _____

Relationship _____

Phone _____

Parental/Guardian Consent

I hereby give consent for my child to participate in paintball games at Paintball Albury Wodonga. I understand that paintball is physically demanding and involves the firing of paintball rounds at participants. I agree to delegate my authority to the above listed supervisor and agree that this supervisor has a duty of care for my child including any medical, food, safety or well being concerns of my child. I also agree that my child must abide by all reasonable direction issued by staff at Paintball Albury Wodonga Pty Ltd and any failure to do so will result in removal from the game. I also

hereby agree to indemnify the above supervisor and Paintball Albury Wodonga Pty Ltd from any future liability for any accident or incident involving my child during their time at Paintball Albury Wodonga.

My Child is over 16 years of age

Parent / Guardian Signature _____ Date ____ / ____ / ____