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# PARENTAL CONSENT FORM

## Permission to Play Paintball Game

Date of Game \_\_\_\_\_

Time of Game \_\_\_\_\_

Package:  Half Day  Full Day

## 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 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_