

WELCOME TO ALAMO PAINTBALL

ORGANISED BY

NAME

ADDRESS.....

.....

.....

TEL..... DATE OF BIRTH.....

EMAIL ADDRESS.....

I agree this information may be stored for
no longer than 5 years for legal reasons only []

SIGNATURE..... DATE.....

PLEASE READ THE FOLLOWING CAREFULLY

IF I SUFFER FROM ASTHMA / EPILEPSY / DIABETES OR AM ALLERGIC TO
ANYTHING I WILL LET THE HEAD MARSHALL KNOW

**I DO NOT HAVE A HEART CONDITION, AND I KNOW OF NO MEDICAL
REASON THAT I SHOULD NOT PLAY PAINTBALL.**

I UNDERSTAND THAT PAINTBALL CAN BE PHYSICALLY DEMANDING AND AT
TIMES STRESSFUL. I UNDERSTAND THAT I PARTICIPATE IN TODAYS PAINTBALL
EVENT AT MY OWN RISK. I UNDERSTAND THAT THERE MAY BE HAZARDS IN
THE PLAYING AREAS SUCH AS TRIP HAZARDS, FALLEN TREES, SHARP OBJECTS.
I UNDERSTAND THAT PAINTBALLS WILL HURT AND MAY LEAVE A BRUISE OR
BREAK THE SKIN AND MAY STAIN CLOTHING.I AGREE NOT TO SHOOT AT
ANOTHER PLAYER FROM UNDER TEN FEET. I AGREE NOT TO HOLD THE
OPERATORS OF ALAMO PAINTBALL RESPONSABLE FOR ANY INJURY OR
ACCIDENT CAUSED BY PLAYING PAINTBALL.I UNDERSTAND THAT IF I
DELIBERATELY SHOOT ANY LIVE STOCK/WILDLIFE I MAY BE LIABLE FOR
PROSECUTION.

**I AGREE NOT TO REMOVE MY MASK OUTSIDE OF THE SAFE AREA UNLESS
I AM TOLD TO DO SO BY A MEMBER OF STAFF.**

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