

WELCOME TO ALAMO PAINTBALL
YOUNG PLAYERS PARENTAL CONSENT FORM

ORGANISED BY: DATE OF GAME:

FULL NAME:

DATE OF BIRTH: TEL:

NAME OF PARENT / GUARDIAN:

ADDRESS:

..... EMAIL:

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

PLEASE READ THE FOLLOWING CAREFULLY

**I HEREBY CONFIRM THAT MY CHILD IS AGED 10 OR OVER
THEY DO NOT HAVE A HEART CONDITION, AND I KNOW OF NO MEDICAL REASON
WHY THEY SHOULD NOT PLAY PAINTBALL.**

**IF MY CHILD SUFFERS FROM ASTHMA / EPILEPSY / DIABETES OR IS ALLERGIC TO
ANYTHING I WILL LET THE HEAD MARSHALL KNOW**

**I UNDERSTAND THAT PAINTBALLS WILL HURT AND MAY LEAVE A BRUISE OR BREAK
THE SKIN AND THAT THEY MAY STAIN CLOTHING**

I UNDERSTAND THAT PAINTBALL CAN BE PHYSICALLY DEMANDING AND AT TIMES
STRESSFUL. I UNDERSTAND THAT MY CHILD PARTICIPATES IN TODAY'S PAINTBALL
EVENT AT THEIR OWN RISK. I UNDERSTAND THAT THERE MAY BE HAZARDS IN THE
PLAYING AREAS SUCH AS TRIP HAZARDS, FALLEN TREES, AND SHARP OBJECTS. MY
CHILD AGREES NOT TO SHOOT AT ANOTHER PLAYER FROM UNDER TEN FEET. I AGREE
NOT TO HOLD THE OPERATORS OF ALAMO PAINTBALL RESPONSIBLE FOR ANY INJURY
OR ACCIDENT CAUSED BY PLAYING PAINTBALL. I UNDERSTAND THAT IF MY CHILD
DELIBERATELY SHOOTS ANY LIVESTOCK/WILDLIFE I MAY BE LIABLE FOR PROSECUTION.

**MY CHILD AGREES NOT TO REMOVE THEIR MASK OUTSIDE OF THE SAFE AREA
UNLESS THEY ARE TOLD TO DO SO BY A MEMBER OF STAFF.**

PARENT / GUARDIAN SIGNATURE: DATE:

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