

YOUNG PLAYERS PARENTAL CONSENT FORM

WELCOME TO ALAMO PAINTBALL

PLAYER DETAILS:

FULL NAME:

DATE OF BIRTH:

NAME OF PARENT / GUARDIAN:

ORGANISED BY: DATE OF GAME:

ADDRESS:

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TEL:

EMAIL:

PLEASE READ THE FOLLOWING CAREFULLY

**MY CHILD IS 11 OR OVER AND IN YEAR 7 OR ABOVE AT SCHOOL
THEY DO NOT HAVE A HEART CONDITION, AND I KNOW OF NO MEDICAL
REASON WHY THEY SHOULD NOT PLAY PAINTBALL.**

**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 TODAYS PAINTBALL
EVENT AT THEIR OWN RISK. I UNDERSTAND THAT THERE MAY BE HAZARDS IN THE
PLAYING AREAS SUCH AS TRIP HAZARDS, FALLEN TREES, 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 RESPONSABLE FOR ANY INJURY OR
ACCIDENT CAUSED BY PLAYING PAINTBALL. I UNDERSTAND THAT IF MY CHILD
SHOOTS ANY LIVE STOCK I MAY BE LIABLE FOR PROSECUTION.

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

PARENT / GUARDIAN SIGNATURE: DATE: