

Parental Consent Form to Play Paintball At Chaos Paintball Ltd

Information given on this form will not prejudice the inclusion of your child. It is essential to complete this form accurately in the interests of your child's safety.

Surname

Forenames

Address.....

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Date of visit

Date of Birth

I wish my son/daughter to take part in paintball games at Chaos Paintball Ltd. I understand that due to the nature of the sport that bruising can occur. My son/daughter will agree to wear the safety goggles provided at all times, unless instructed that it is safe to remove them by an authorised official of Chaos Paintball Ltd. There is an inherent risk of injury and my son/daughter will attend a detailed safety briefing outlining the risks involved, which are also displayed, and undertake to use all safety equipment provided throughout the games. My son/daughter will abide by the rules of the site at all times as explained by the officials and each activity is undertaken at our own risk. All reasonable precautions will be taken by Chaos Paintball Ltd and zero tolerance is given to players who breach health and safety rules.

Does your child have any of the following conditions:

Asthma or Bronchitis	Y/N	Fits, Feinting or blackouts	Y/N
Heart condition	Y/N	Diabetes	Y/N
Headaches or Migrane	Y/N	Any Allergies	Y/N
Haemophilia	Y/N	Any other illness/disabilities	Y/N
Recent Fracture/ligament	Y/N		

If yes please provide details

In case of emergency please provide a contact:

Name.....

Telephone

Relationship to child

I shall instruct my child to abide by the safety instructions and behavioural requirements given by the officials at Chaos Paintball.

Signed Parent/guardian

Name in Caps

Date