

PARENT/GUARDIAN CONSENT FORM

Purpose of Consent:

To allow participation in the sport of Paintball at
Paintball Pete's Pty Ltd, Mount White

ABN 64094794439

PARENTS NEED TO BE AWARE THAT PAINTBALL MAY BE HARMFUL

ALL PARTICIPANTS PLAY PAINTBALL AT THEIR OWN RISK

16-17 YEAR OLD PLAYERS MUST BE ACCOMPANIED BY AT LEAST ONE NOTED ADULT SUPERVISOR OR GUARDIAN ON THE DAY OF PLAY IN THE GROUP

Date of Participation:

Delegated Supervisor(s).....

Mobile Phone of Supervisor(s).....

Childs Details:

Name (in full):.....

Date of birth:/...../.....

Allergies or Disabilities (if any):.....

Special food requirements or food disallowed (if any).....

Student Medical Details:

Please detail any current medical conditions and treatment plans for your child, relevant to there participation in this sport.

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Emergency Contact:

Name: Relationship:.....

Phone:

Parental Consent:

As Parent/ Guardian of

I hereby give my consent for him/her to participate in the paintball games at Paintball Pete's Pty Ltd, Mount White

I agree to delegate my authority to the delegated Supervisor(s) listed above.

I understand that the Supervisor(s) have recognised that they have a duty of care for my child and have agreed to undertake full care and responsibility for the safety, well-being and organisation of my child and to follow my instructions regarding any disability, allergy, food requirements or food disallowed and/or any other medical concerns described above and, if they do that, and if they provide proper care, I hereby agree to indemnify them against any future liability for any accident or incident involving my child during the excursion whatsoever.

My Child is 16-17 years of age.

Parent/Guardian Signature:

Parent/Guardian Name:

Parent/Guardian Contact Phone:

Date:/...../20...