

**PARENT/GUARDIAN CONSENT FORM**

**Purpose of Consent:**

To allow participation in the sport of Paintball at,  
Newcastle Paintball HQ.

**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 IN THE GROUP ON THE DAY OF PLAY**

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 activity.

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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 Newcastle.

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 over 16 years of age.**

**Parent/Guardian Signature:** .....

**Parent/Guardian Name:** .....

**Parent/Guardian Contact Phone:** .....

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