



Parental Consent Form

HARTLEY VALLEY PAINTBALL PARENT / GUARDIAN / LIABILITY WAIVER / CONSENT FORM
FIELD ADDRESS – 424 BROWNS GAP RD HARTLEY NSW 2790.
Phone 0480760938 / email info@hartleyvalleypaintball.com.au

PURPOSE OF THIS CONSENT FORM: TO ALLOW OVER 12 - 17 YEARS OLD IN MY CARE TO PLAY PAINTBALL GAMES AT HARTLEY VALLEY PAINTBALL

NAME OF SUPERVISOR (over 18).....

Mobile Phone of Organiser / Supervisor.....

PLAYER NAME: DOB/...../.....

PERMISSION TO SEEK MEDICAL ATTENTION IF REQUIRED? (please circle) **YES / NO**

Disability / Medical Condition / Allergies / food / other / relevant to this excursion?
.....

Does your child have a treatment plan or medication? If **YES** please specify:
.....
.....

EMERGENCY CONTACT # parent/Guardian

Parent / Guardian of: (players name).....

I give my consent for him/her to participate in paintball games at Hartley Valley Paintball.
The **Supervisor** listed above has recognised that they have a **FULL** duty of care for my child during the excursion.

INDEMNITY STATEMENT:

I understand although these events are rare, **SERIOUS INJURY OR DEATH** can occur. I hereby agree to indemnify ALL THOSE CONNECTED WITH THE OPERATION OF THE PAINTBALL GAMES AND THE SUPERVISOR(S) from any future claim for Injury / Liability, Accident or Incident of any nature involving my child at Hartley Valley Paintball.

My Child is over 12 and under 18 years of age.

Parent/Guardian Signature:

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

ATTENTION: YOU MUST HAVE THIS FORM FILLED OUT COMPLETELY AND BRING IT WITH YOU AND PRESENT AT RECEPTION DESK ON DAY OF PLAY