UNDER 18'S CONSENT FORM

STAFF USE ONLY

STAFF SIGNATURE | PLAYER NUMBER

HARTLEY VALLEY PAINTBALL PARENT / GUARDIAN / LIABILITY WAVER / CONSENT FORM

FIELD ADDRESS - 424 BROWNS GAP ROAD HARTLEY NSW 2790

PHONE: 0411 480 096 / EMAIL: info@hartleyvalleypaintball.com.au

PURPOSE OF THIS CONSENT FORM: TO ALLOW 12-17 YEAR OLD INDIVIDUAL(S) IN MY CARE TO PARTICIPATE IN PAINTBALL GAMES AT HARTLEY VALLEY PAINTBALL

PERSONAL INFORMATION

FULL NAME :

DATE OF BIRTH (DD/MM/YYYY) :

ADDRESS :

CITY/STATE :

SUPERVISOR DETAILS

NAME OF SUPERVISOR (OVER 18):

MOBILE:

EMERGENCY CONTACT DETAILS

EMERGENCY CONTACT (PARENT/GUARDIAN):

MOBILE/HOME PHONE :

MEDICAL DETAILS

PERMISSION TO SEEK MEDICAL ATTENTION IF REQUIRED? ☐ YES ☐ NO

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING? ☐ MEDICAL CONDITION ☐ DISABILITY ☐ ALLERGIES ☐ OTHER ☐ N/A

PLEASE SPECIFY:

DOES YOUR CHILD HAVE A TREATMENT PLAN OR MEDICATION? ☐ YES ☐ NO **IF YES PLEASE SPECIFY:**

INDEMNITY STATEMENT

I HEREBY:

- Understand although these events are rare, **SERIOUS INJURY OR DEATH** can occur.
- understand and are fully aware of all risks involved with playing paintball.
- 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 during this excursion.
- Understand that Hartley Valley Paintball has a **ZERO TOLERANCE POLICY** for under 18 year old players when it comes to safety. I understand that if my child can not follow **THE SAFETY RULES** or instructions from **STAFF**, their session will be terminated immediately **WITHOUT ANY REFUND**. I accept this decision is for the safety of my child, staff and other players and accept these conditions.

PARENT/GUARDIAN SIGNATURE:

DATE (DD/MM/YYYY):