

**PARENTAL/GUARDIAN DISCLAIMER CONSENT FORM
FOR 12 YEARS AND OVER AND UNDER 18 YEARS OF AGE**

SPARTAN AIRSOFT 2019

I give permission for my child to attend SPARTAN AIRSOFT Ltd

I also declare that he/she is fit and well enough to partake in such activities and that I know of no medical condition that would incapacitate him/her during the game.

Childs FULL name

Male / Female (Please circle) Date of Birth:

Address

.....

Post code..... Home tel No:.....

Parental EMERGENCY Numbers

Additional Information:

.....

In the event of illness, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment and/or medication.

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for the above child to participate.

Signature of Parent or Guardian

Name of Parent or Guardian

Your address

.....

Signature of Child

Name of Child

I the under signer understand that I have agreed to play the game entirely at my own risk. I recognise that there are hazards on the site: Dead branches, fallen trees, holes, ladders, sharp objects etc... and that BBs fired from guns may bruise or break the skin. I also understand that I should be wearing full face protection. I will at all times conform to the safety rules in force and will at all times indemnify SPARTAN AIRSOFT Ltd and their marshalling staff and hereby absolve them of all liability in respect of illness, death, personal injury, accident or damage to person or property how so ever this may arise or be caused.

**THIS PARENTAL/GUARDIAN DISCLAIMER CONSENT FORM COVERS FOR
THE YEAR OF 2019.**