

SPARTAN AIRSOFT LTD

2020 INSURANCE WAIVER

To be completed & returned by all people playing, renting or watching the games.
Each player MUST hand in a completed form, once per calendar year.

PRINT INFORMATION CLEARLY IN CAPITAL LETTERS ONLY

I (Players Full Name).....
Of
(Home Address).....

Post Code..... Date of Birth..... Mobile No:.....

Would like to play at Spartan Airsoft & sign this document in consideration of being given the opportunity to engage in this activity. I understand that:-

1. The game is physically & mentally intense & may require extreme exertion to play.
2. The game may be dangerous if not played in accordance with the stated rules, which I have read & fully understood.
3. The possibility of injury to others & myself exists.
4. My image can be used & maybe visible to others on various social media sites.

I confirm and agree that:-

1. I am fully aware of the risks to myself & others involved in playing at Spartan Airsoft & that I will never under any circumstances deliberately shoot someone in the face or head.
2. I am physically fit & mentally able to take the strain & exertion involved in playing the games.
3. I will comply with Spartan Airsofts rules & use the equipment as instructed & not so as to injure or hurt others & will obey all directions of the marshals, judges & staff.
4. I will wear my goggles & not remove them while in a game area where the game is being played & may only be removed in areas the marshals advise.
5. It is my responsibility if I choose not to wear recommended protection in the form of a full face mask. Ballistic goggles & shooting glasses I wear at my own risk. If I do not have suitable eye protection I will not be able to play.

If above 12 years & under 18 years of Age:-

1. I will wear a full face one piece mask (No exceptions). If I do not have a full face one piece mask I will not be able to play.
2. In the event of illness, having parental responsibility for the above named person, I give permission for medical treatment to be administered where considered by a first aider, or by a suitably qualified medical practitioner. If I cannot be contacted & the person named above should require hospital treatment, I authorise treatment & or medication
3. My parent or guardian (Adult) must sign below with a contact telephone number (for emergency purposes)

Release:

I hereby release, remise & forever discharge from any claims & liabilities whatsoever without limitations that I may have against Spartan Airsoft Ltd. & the owners of the property/land on which the game is being played.

I make this release on behalf of heirs, my executors, assigns, administrators & myself.

As well as being responsible for any debts generated at Spartan Airsoft i.e. site fees, damage or loss.

SIGNED (Player)

SIGNED (Parent/Guardian) if under 18 years of age.....

Parent/Guardian contact telephone number.....

THIS INSURANCE WAIVER COVERS FOR THE YEAR 2020

07791176046

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