

Insurance Waiver



PLEASE USE BLACK INK AND PRINT IN BLOCK CAPITALS

Name

Date of Birth(minimum of 11 years old at game date)

ReVenge
Paintball LLP

**Sturton, Scawby
Brigg
North Lincolnshire
DN20 9DL**

Tel: 01652 650629

www.revengepaintball.co.uk

Registered in England & Wales No. OC 332096

I want to play, or allow my child to play, the ReVenge Paintball LLP site and sign this document in consideration of being given the opportunity to engage in this activity.

I understand that:

1. The game is physically intense and may require exertion to play.
2. The game can be dangerous if not played in accordance with the rules, which I agree to abide by.
3. That paintballs fired from a paintball gun may bruise or break the skin.
4. Hazards are on site, i.e. fallen trees, dead branches, sharp objects, holes, etc.
5. The possibility of injury to myself, my child or others exists and I waive all claim against ReVenge Paintball LLP and their servants and agents under any circumstances.

I confirm and agree that:

1. I am fully aware of the risks to myself, (or my child, if applicable) and others playing the game.
2. I am (or my child is) physically fit and mentally able to take the strain and exertion involved in playing the game.
3. I (or my child) will comply with the ReVenge Paintball LLP rules and use the equipment as instructed and not so as to injure or hurt others and will obey all directions of the Marshalls and ReVenge Paintball LLP employees.
4. I (or my child) will wear goggles and not remove them at any time where the game is being played. I agree only to remove goggles in the designated safe area and under the instruction of a Marshall.
5. I will not play a game while under the influence of alcohol or drugs.

Release:

I hereby release and remise and forever discharge from any claims and liabilities whatsoever without limitations that I might have against ReVenge Paintball LLP, their servants, agents and the owners of the property on which the game is being played and any other player in the game who might injure me, however arising, and I make this release on behalf of myself, my heirs, executors, assigns and administrators.

Signed.....	Date.....
Name.....	
Address.....	
.....	Telephone.....
.....	Mobile.....
Postcode.....	E-mail.....

Name of Group Organiser.....	
Telephone.....	Mobile.....

Parental Consent



Dear Parent/Guardian,
We would be grateful if you would read and sign the consent form below. This form should be returned to the address below to arrive one week before the booked game date. If your booking was made after this time then this form must accompany the child and be handed in on arrival at the paintball site.

Name

Date of Birth(minimum of 11 years old at game date)



I hereby give my consent for the above to take part in paintball games at ReVenge Paintball LLP site on:

Game Date

I understand that paintball is an active sporting game involving the elimination of opponents via the firing of paintballs from a paintball gun.

I recognise that these hazards exist on site: fallen trees, dead branches, sharp objects, holes, etc. and that paintballs fired from a gun may bruise or break the skin.

I have instructed my child to conform to all safety rules in force on the site and to obey all Marshall's rules and instructions.

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I hereby give my consent for the participation and absolve ReVenge Paintball LLP, their servants and agents and in respect of any damage to property or goods however this may arise or be caused. I confirm that I am over 18 years of age and that I am the legal parent/guardian of the above.

Please note:

Persistent violations of our safety requirements, i.e. lifting of safety goggles will result in the exclusion of the offending player(s) from the game.

Signed.....	Date.....
Name.....	
Address.....	
.....	Telephone.....
.....	Mobile.....
Postcode.....	E-mail.....

Name of Group Organiser.....	
Telephone.....	Mobile.....