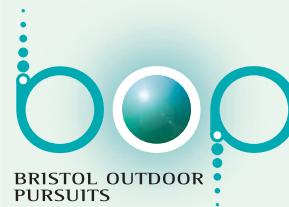


Parental Consent Form –

Paintballing / Pulse Ranger / Quad Biking / Lasersport



Name (Competitor) : (Mr / Miss) _____

Date Of Birth : _____ / _____ / _____

Name (Guardian) : (Mr / Mrs / Ms / Miss) _____

Address : _____

_____ Post Code : _____

Telephone No. : _____

Medical Information

Any specific medical conditions requiring medical treatment and/or medication? YES / NO

If Yes, give details : _____

Any Allergies? YES / NO

If Yes, give details : _____

Any contact with contagious or infectious diseases within the last four weeks ? YES / NO

If Yes, give details : _____

Please provide any special dietary requirements and any type of pain/flu medication that may be given.
And/or provide any other information we may find beneficial.

I confirm that I have received the details of the above activity and consent to my child taking part in the visits and activities indicated. I acknowledge that the organisers will be liable in the event of any accident only if they have failed to take reasonable steps in their duty of care for my child during the trip. I understand that the staff have a common law duty to act in the capacity of a reasonably prudent parent.

I understand the code of conduct and agree that my child should abide by this whilst in the care of the event organisers and I understand that a serious or continued breach of this code may result in my child being prevented from continued participation (without refund) and/or sent home early at my expense.

I recognise that there are natural hazards within the woods such as fallen trees, rabbit warrens etc. and that paintballs propelled from the paintball markers can on occasion bruise or break the skin.

I am aware of the costs involved in purchasing paintballs, snacks etc. and will instruct the junior accordingly on any limitations for the day, and I will inform your staff of any purchase limit imposed by me so as to prevent this limit being exceeded.

I, _____ being parent/guardian of the above named child hereby give permission for the event organisers to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signature _____ Date _____

(consent by parent/guardian)