

# BLACK OPS CRIBBS LTD

## PARENTAL / GUARDIAN DISCLAIMER CONSENT FORM FOR OVER 12 YRS AND UNDER 18 YRS

I give permission for my child to attend Airsoft at Black Ops Cribbs 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.

GAME DATE .....

CHILD'S FULL NAME .....

MALE / FEMALE (Please circle)                      DATE OF BIRTH .....

ADDRESS .....

.....

.....

HOME TEL : .....

PARENTAL EMERGENCY TEL : .....

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 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 child to participate.

Signature ..... Parent / Guardian

Print Name ..... Parent / Guardian

Your Address ..... Parent / Guardian

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Signature ..... Child

Print Name ..... Child

Date .....

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, sharp objects etc ... and that BB's fired from the 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 all safety rules in force and will at all times indemnify Black Ops Cribbs Ltd and their marshalling staff and hereby absolve them 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.