



Permission to play Paintball game/s.

Game Date: DD/MM/YYYY Game Time: _____

Player Details

Name:

D/O/B: DD/MM/YYYY. **OVER 12?** Y / N (Circle one)

Address:

Special requirements:

Allergies / Conditions:

Treatments:

Group Supervisor Details

Name:

Best Contact Details:

Emergency Contact

Name:

Best Contact Details:

Relationship:

Parental Consent

I, the Parent / Guardian hereby give my consent for my child / ward listed above to participate in paintball games at **Project Paintball Wagga**, I understand that paintball is physically demanding and will involve the use of a paintball marker, shooting paintballs at other participants. I agree to delegate my authority to the listed group supervisor and agree that this person has a duty of care for my child including, but not limited to medical, food, safety and general well being. I also agree that my child / ward must abide by reasonable directions and rules issued by staff at Project Entertainment Group Pty Ltd and in failing to do so may result in my child being removed from the game. Finally, I agree to indemnify the above supervisor and Project Paintball Wagga from any liability from any accident or incident involving my child during their time at Project Paintball Wagga.

Parent / Guardian Name: _____

Signature: _____

Date: DD/MM/YYYY

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