

ULTIMATE INDOOR PAINTBALL
131 VAUXHALL ROAD L3 6BN
INFO@INDOORPAINTBALLINGLIVERPOOL.CO.UK
0151 353 7900

PAINTBALL PLAYERS UNDER 16 YEARS OF AGE

I understand that as the parent/gardian of the child named below,I have agreed to allow the named child to participate in the paintball event entirely at their own risk and I on behalf of the child mentioned below,confirm that ultimate indoor paintball shall not be liable for any injury, damage,cost or expenses arising from his/her attendance at the paintball event. all players wil be given instruction on the game,site rules and safety procedures and use of the equiptment.I understand that failure to follow these rules may disqualify the individual or their group from the game. Refunds will not be issued in such instances. I confirm and agree that the child named below usnderstands that he/she must not remove their safety mask anywhere outside the safety area unless specificlly instructed to do so by a member of staff. Ialdo confirm that appropriate clothing and adequate supportive footwear will be worn I belive the child named below to be physically fit and able to participate in the games.

I, (PARENT/GUARDIAN)
CONFIRM THAT (CHILDS NAME)
IS 8 YEARS OR OVER. THEIR DATE OF BIRTH IS//
I GIVE PERMISSION FOR HIM/HER TO PARTICIPATE IN PAINTBALLING WITH
ULTIMATE INDOOR PAINTBALL ON/
MY EMERGENCY CONTACT NUMBER IS
EMAIL
SIGNATURE
DATE///



ULTIMATE INDOOR PAINTBALL

131 VAUXHALL ROAD L3 6 BN

INFO@ULTIMATEINDOORPAINTBALLINGLIVERPOOL.CO.UK

0151 353 7900

PAINTBALL PLAYERS UNDER 16 YEARS OF AGE

I understand that as the parent/gardian of the child named below, I have agreed to allow the named child to participate in the paintball event entirely at their own risk and I on behalf of the child mentioned below, confirm that ultimate indoor paintball shall not be liable for any injury, damage, cost or expenses arising from his/her attendance at the paintball event. all players wil be given instruction on the game, site rules and safety procedures and use of the equiptment.I understand that failure to follow these rules may disqualify the individual or their group from the game. Refunds will not be issued in such instances. I confirm and agree that the child named below usnderstands that he/she must not remove their safety mask anywhere outside the safety area unless specificlly instructed to do so by a member of staff. Ialdo confirm that appropriate clothing and adequate supportive footwear will be worn I belive the child named below to be physically fit and able to participate in the I, (PARENT/GUARDIAN)..... CONFIRM THAT (CHILDS NAME)..... IS 8 YEARS OR OVER. THEIR DATE OF BIRTH IS/........ I GIVE PERMISSION FOR HIM/HER TO PARTICIPATE IN PAINTBALLING WITH ULTIMATE INDOOR PAINTBALL ON/......./........ MY EMERGENCY CONTACT NUMBER IS

EMAIL.....SIGNATURE.....

DATE/..../...../...../