

# FOREST OF DEAN PAINTBALL

## CHILDREN'S DISCLAIMER

### MINORS INDEMNITY ACCEPTANCE FORM

#### INDEMNITY TO BE SIGNED BY THE PARENT OR LEGAL GUARDIAN OF

#### CHILDREN PARTICIPATING AT FOREST OF DEAN PAINTBALL

1. I, the undersigned acknowledge that my child is over the age of 12 and I have read or have been made aware of the safety rules pertaining to the participation by my child in Forest of Dean Paintball, and that I understand these rules and accept the risks which are inherent in the participation in the aforementioned game.
2. I am aware and understand that participation in the game involves intensive physical and mental exertion. I warrant that my child is free from any medical condition that may endanger his/her life or well being or the life or well being of any other participant.
3. By my signature hereto, I undertake not to hold the proprietor of Forest of Dean Paintball liable for any injury, loss or damage which I or my child might sustain whilst participating in the game whether on the range or not and howsoever arising irrespective of whether such loss, injury or damage can be attributed to any act or omission of an employee of Forest of Dean Paintball.

#### SAFETY RULES

**PARTICIPANTS ARE ALWAYS REQUIRED TO WEAR THE SUPPLIED EYE PROTECTION CORRECTLY WHILST ON THE PLAYING FIELD. PARTICIPANTS ARE NOT ALLOWED TO SHOOT DELIBERATELY AT A PERSONS HEAD.**

**PARTICIPANTS ARE REQUIRED TO GIVE AN OPPONENT THE CHANCE TO SURRENDER IF THE OPPONENT IS AT CLOSE QUARTERS OR UNILATERALLY BACKS OFF.**

**PARTICIPANTS ARE REQUIRED TO CEASE FIRE AND TO STOP THE GAME IMMEDIATELY AND CALL THE MARSHALL IN THE EVENT OF THEM ENCOUNTERING A NON-PARTICIPANT ON THE RANGE.**

**CHILD'S FULL NAME AND SURNAME:**

**CHILD'S DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_**

**PARENT OR LEGAL GUARDIANS FULL NAMES AND ADDRESS**

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**PARENT OR GUARDIANS SIGNATURE:**

\_\_\_\_\_

**DATE \_\_\_/\_\_\_/\_\_\_**

**PHONE: \_\_\_\_\_**

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<sup>1</sup> Forest of Dean Paintball, Severn Woods, Blakeney, Glos.