

PLAYER REGISTRATION FORM - UNDER 16 YRS OLD

Forename:

Surname:

Mobile: **Date of Birth:** / /

Email:

House No. or Name: **Postcode:**

Group Organiser:

Parental Consent

I,
allow my child to participate in the paintball event.

- I understand Delta Force Paintball may collect, use and disclose my child's personal data given in this form for providing marketing material in accordance with the data protection policy (available at www.paintballgames.co.uk/privacy-policy). Please tick the relevant boxes below if you agree your child to receive:
- SMS EMail Phone No, I do not wish to receive marketing communication from Delta Force Paintball.
- I allow my child to participate in the paintball event entirely at their own risk. I recognise that there are hazards throughout the entire centre including the car park, base camp, access tracks and game zone areas. These include, but are not limited to; naturally occurring hazards such as fallen trees, sharp objects, holes, burrows, trip & slip hazards, and man made hazards such as game structures, buildings, raised platforms, vehicles, stairs and stray shots. I understand that pellets can bruise or break the skin. I acknowledge all jewellery should be removed before playing as it may become entangled or cause injury during the event.
- I confirm the operators shall not be liable for any loss, damage, cost or expenses arising from my child's attendance which was not reasonably foreseeable by the operator on the date of attendance at the centre, except in the respect of death or personal injury.
- I acknowledge that the recommended footwear for my child is boots with ankle support and deep tread, rubber soles. I recognise that if my child is not wearing the recommended footwear, he/she is participating at a significantly higher risk of injury, especially if ground conditions are poor. I understand it is an outdoor activity and ground conditions may be wet, slippery and dangerous. I confirm my child will familiarise themselves with the playing conditions warning board beside the stage and ensure my child acts accordingly to the instructions given. I understand that there will be a heightened risk associated with participating under yellow, red or black flag conditions.
- An accident book is available and any injury to a participant must be notified to the operator, recorded in it and signed by the injured person or their representative.
- I understand that vehicles are parked at the owner's risk.
- I confirm my child is responsible for items once purchased during the day; the organisers shall not be responsible for replacing any items that might become lost, stolen or accidentally broken. I accept that paintballs are sold in bags/scoops of approximate quantity only and any shortfall should be reported to the Centre Manager immediately. Only paintballs supplied by this firm, on the day of the visit, may be used at the centre.
- I confirm and agree my child will never deliberately shoot anyone in the head or within three metres, and that he/she will not remove the goggles in the playing areas and he/she will obey all reasonable requests of the centres' personnel. I agree my child will ensure that the issued goggles fit properly and that the straps are adjusted so that the goggles are secured tightly against my child's face to prevent them from slipping, as shown in the safety demonstration. Under no circumstances will my child participate in any part of the paintball event if his/her goggles are not held firmly against their face. If my child lifts or removes their goggles in the gun zone or playing areas, he/she will be excluded from participating in the activity for the remainder of the day and no refund will be given.
- I acknowledge that from time to time the operator may take photos/videos of my child for use on marketing channels and I will notify the staff on the day with any queries.
- In signing this registration form, my child accepts membership of the UK Paintball Association; I also appoint Delta Force Paintball as their proxy vote.
- Medical Disclaimer: I confirm that I believe my child to be physically fit and able to participate in the game and recognise the game may require a high level of exertion. Please declare to the Centre Manager any illnesses such as asthma, heart diseases etc as they may be aggravated by playing paintball.

Signature: _____ **Date:** / /