

# Paintball Kerry Private Members Club

Alderwood Road, Lismore, Tralee, Kerry

066-7128401 / 087-2854277

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## DISCLAIMER FORM & PARENTAL CONSENT

Paintball Kerry Under 18 years

Must be filled in by Parent

name of player	age	Responsible Adult/parent AUTOGRAPH/SIGNATURE	parents phone no	date
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DATE: \_\_\_\_\_

In consideration of the below named child being permitted to undertake Paintballing/Splatball under facilities/area arranged by Paintball Kerry., I agree to save harmless and keep indemnified the landowners and Paintball Kerry. It's beneficiaries, trustees and employees and their sponsors, owners and operators of other guns, their respective officials, marshals, servants, representatives and agents and any other man woman or person or organization using the Paintball/Splatball area/facility and training facility in respect of all claims, costs, expenses and demands in respective of injury or death to or loss or damage to the property or myself or my child arising in pursuance of my child undergoing instruction and use of the Paintball Kerry, ground/field/and training area. I accept that he/she will be solely responsible for any decision to shoot or discontinue to shoot the paintball gun at any time whilst in his/her possession or under his/her control and I acknowledge that if he/she should be dissatisfied prior to shooting the gun he/she can require to discontinue shooting the said gun forthwith.

I, the parent/guardian of the below named child, have agreed to allow him/her to play the game at entirely his/her own risk. I understand that paintball is an active sporting game involving the elimination of opponents via the firing of paintballs from a splatball/paintball gun. I recognise that there are hazards on the site and uneven/slippy surfaces and that paintballs fired from guns may bruise or break skin. I understand that by removing goggles he/she could incur serious eye damage, therefore goggles must be kept on at all times. I agree to conform to all safety rules in force on the site, in particular the wearing of safety equipment that is issued on site and to obey all marshals, safety rules and instructions.

I declare that the child named below is medically fit to participate in splatball/paintball games and I have declared all existing injuries and any medical conditions on this form.

I hereby declare that my child is 8 years or older and I have read and understand Paintball Kerry. standard Game Disclaimer above and I agree to abide by the terms of reference quoted therein.

Participant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Age: \_\_\_\_\_

Town: \_\_\_\_\_ County \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_

Medical Conditions/Injuries: \_\_\_\_\_

I, the parent/guardian give my consent for the child named above to participate in all activities at Paintball Kerry and I have read and understand all of the above.

Parent/Guardian Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

You MUST come wearing old clothes, boots or strong shoes, ground may be slippy in places, a beani cap, sweatshirt or hoodie, change of clothing, a change of shoes, and a bag for boots after game. Also the group photo taken on the day will be put up on the website and Facebook gallery for downloading by players, Player will be informed by text. Please let us know in advance if you have an objection to the above name child to participate in this photo.