

Name of person who organised your group today



Outdoor Laser Combat Entry/Disclaimer Form

As a condition of **Cenarth Paintball Games** insurance, you are required to complete this form before playing

I confirm that I have read and understand the rules:

1. No physical contact is permitted
2. Always listen to and follow the instructions of the marshals
3. Never put your gun on the ground
4. No alcohol/drugs may be consumed by any player during the course of the day
5. Stay with the group & do not go into paintball play areas

I understand and confirm that:

1. I have agreed to participate in Outdoor Laser Combat at Cenarth Paintball Games entirely at my own risk recognising that there are hazards in the woods; fallen trees, holes, ditches, and that the ground can become slippery in certain weather conditions.
2. I am physically fit and mentally able to take the strain and exertion involved in playing the game
3. I will at all times comply with the Outdoor Laser Combat rules, use the equipment as instructed and not injure or hurt others and will obey all directions of the marshals or other staff working for Cenarth Paintball Games
4. I hereby release, remiss, and forever discharge from any claims and liabilities whatsoever without limitation that I might have against Cenarth Paintball Games, or Neil or Natalie Fulstow the owners of the property on which the activities are held, and any other players in the game who might injure me, other than through the negligence of Cenarth Paintball Games or Neil or Natalie Fulstow, and I make this release on behalf of myself, my heir, executors, assignees and administrators.
5. Any accident or injury will be reported to Cenarth Paintball Games and I will sign the accident book on the day.
6. I have declared below any relevant medical information or history that may affect me as I play, or may be needed in a medical emergency (i.e. insect sting allergy, asthma, diabetes, epilepsy etc)
7. By paying the entrance fee I accept this disclaimer form and agree that I have attended a safety briefing and fully understand the risks involved.

| | | | |
|----------------------|----------|--|--|
| Full Name | | | |
| Address | | | |
| | Postcode | | |
| Home Tel | | Mobile | |
| Medical History/Info | | | |
| Email | | Please tick if you do NOT want to join our mailing list for special offers | |
| Date of Birth | | Signed | |

Parental Consent
(for players under 16yrs)

Players under the age of 16 yrs old MUST have this form countersigned by a parent/guardian. Entry will NOT be permitted without a completed form.

I as the legal parent/guardian, understand, accept and agree with the information above and have clearly explained the information to the person playing (named above). I understand that Company staff will NOT be responsible for supervising players (inc.under 16's) that are removed from the games – Therefore, a group leader / adult is asked to stay on site.

| | | | |
|------------|--|--------|--|
| Print Name | | Signed | |
|------------|--|--------|--|

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|---------------------|----------------|--|--------------------|--|-----------|--|
| OUR USE ONLY | Deposit paid ? | | Amount paid on day | | Discount? | |
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