

Parental & Guardians Consent Form for under 18 year olds

Location:	Game Date:	
with Airborne Airsoft at the above nam	d site. I also declare that he/she is fit and well enough to partake in such activities and incapacitate them during the game. Photography is taken during the games and ne website.	d that I
<u>Details</u>		
Childs Full Name;		
Address:		
	Post Code:	
Home Tel:	Mobile No:	
E-mail:		
<u>Medication</u> (Details of any known all	rgies, conditions or Medication taken)	
	Blood Gp (if known)	
(Please note any medication needs to	e labelled with child's name and handed to Staff on arrival).	
	I responsibility for the above named child, I give permission for medical treatment ary by a nominated company first aider, or by suitably qualified, medical practitioners.	to be
If I cannot be contacted and my child provide emergency treatment or medic	should require emergency hospital treatment, I authorise a qualified medical practition.	oner to
<u>Statement</u>		
I confirm that all details are correct to Airsoft Skirmish.	e best of my knowledge and I am able to give parental consent for the child to particip	pate in
Signature:	Parent/Guardian	
Print Name:	Parent/Guardian	
Signature:	Child	
Print Name:		
Date:		
site: fallen trees, dead branches, sha	agreed to play the game entirely at my own risk. I recognise that there are hazards objects, holes etc, and that bb's fired from the guns may bruise or break the skin. face protection and if I decide to just wear shooting glasses this is entirely at my own	. I also

I will at all times conform to all safety rules governed by Airborne Airsoft Ltd and their Staff/DS and hereby absolve them of all liability in respect of death, illness, personal injury, accident or damage to person or property, how so ever this may arise or be

caused.