

AMBUSH ADVENTURES

Parental/Guardians disclaimer consent form For 16yrs and under

I give permission for my child to attend airsoft at Chobham/Lasham.
I also declare that he/she is fit and well enough to partake in such activities and that I
Know of no medical condition that would incapacitate his/her during the game.

CHILD'S FULL NAME:

GAME DATE: ___ / ___ / ___

ADDRESS:

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HOME TEL:

DATE OF BIRTH: MALE/FEMALE (Pease circle)

EMERGENCY TEL (1):

EMERGENCY TEL (2):

DETAILS OF ANY KNOW ALLERGIES, CONDITIONS, AND MEDICATION BEING TAKEN:

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In the event of illness, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for the child to participate in.

Signature Parent/Guardian

Print Name Parent/Guardian

Signature Child

Print Name Child

Date

I the under signer understand that I have agreed to play the game entirely at my own risk. I recognise that there are hazards on the site: fallen trees, dead branches, sharp objects, holes etc... And that bb's fired from the guns may bruise or break the skin. I also understand that I should be wearing full face pretension and if I decide to just to wear shooting glasses this is interlay at my own risk. I will at all times conform to all safety rules in force and will at all times indemnify Ambush Adventures partnership and there servants and agents and hereby absolve them 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.