

Parkes Paintball Games

PO Box 346 Parkes NSW 2870

Call us on: 0418 884 441 or 0412 688 557

Parental Permission Form

Purpose of session: To play paintball games at Parkes Paintball Games Date:

.....

Session start time:

.....

Name of Group Organizer:

.....

Phone Number of Group Organizer:

.....

Childs Name:

Is your Parent/Guardian playing Paintball with you today? (Circle) **Yes / No**

EMERGENCY CONTACT:

Name:

Relationship:

Phone:

PARENTAL CONSENT:

As Parent /Guardian of (Child's Name)..... I hereby give my consent for him/her to participate in the paintball games at Parkes Paintball Games and agree to delegate my authority to the group organizer. **I understand that my child is required to follow all instructions by staff at Parkes Paintball Games and failure to do so on their behalf may result in termination of session of play, without refund.**

I hereby agree to indemnify Parkes Paintball Games, its management and staff against any future liability for any accident or incident involving my child whatsoever.

I certify that my child is over 16 years of age.

Parent/Guardian Name:

Parent/Guardian Signature:.....Date:...../...../20.....