



PARENTAL CONSENT FORM

This Parent / Guardian document of consent is required by any person between the ages of 12 and 17 who wish to play Paintball at ALPHA Paintball at 190 Lawrence Hargrave Drive Stanwell Tops and must be completed before game play.

I confirm that I am fully aware of the following:

- Paintball / Skirmish is a physically & mentally intensive sport.
- The game can cause harm to persons not complying with the rules & regulations detailed by the Alpha Paintball staff.
- The possibility of injury to my son / daughter & others can occur.
- Paintballs travel at speeds of up to 321 Kilometres per hour and can cause bruising and other injury
- The only protective equipment provided by Park Entry are paintball goggles which protect the face and sides of the head. All other protective equipment is optional and purchased or hired for or by my son/daughter at my discretion.

I also confirm and agree my son / daughter:

- Is aware of all the risks involved with the sport.
- Is physically fit & able to take the physical exertion of the sport.
- Will comply with the Alpha Paintball rules & use the equipment issued as instructed & not as a means to injure others.
- Obey all instructions given by the Alpha Paintball staff.
- Will wear their goggles & never remove them when not in the safe zoned areas even if they cannot see clearly.
- Is over 12 years of age.

ALL PLAYERS AGED 12 to 17 YEARS OF AGE MUST HAVE PHOTO ID ON THE DAY OF PLAY. (DRIVERS LIC. RTA PROOF OF AGE CARD. SCHOOL ID CARD. If your child does not have photo I.D you need to contact management a minimum of 24 hours before game day.)

We also require a photo of the I.D of the Parent that signs this form to verify the signature. This is best provided on the child's smartphone to show us on game day.

I ,as Parent / Legal Guardian, have read and understood all the terms and conditions stated on this document by Alpha Paintball. I hereby give permission for my child to participate in the paintball activities set out by Alpha Paintball.

Parent / Guardian Sign: **Date:**

Parent / Guardian of: **Child's D.O.B.**

Address:

Contact Number: