

**LOW IMPACT PAINTBALL GAME PERMISSION FORM**

RESPONSIBLE PERSON'S DETAILS

|  |  |  |
| --- | --- | --- |
| 1 | FAMILY NAME/S |  |
| 2 | FIRST NAME |  |
| 3 | RELATIONSHIP TO PARTICIPANT | PARENT / LEGAL GUARDIAN |
| 4 | DATE OF BIRTH | / / |
| 5 | ADDRESS |  |
| 6 | PHONE |  |

PARTICIPANT'S DETAILS

|  |  |  |
| --- | --- | --- |
| 7 | FAMILY NAME/S |  |
| 8 | FIRST NAME |  |
| 9 | DATE OF BIRTH | / / |
| 10 | ADDRESS |  |

PARTICIPANT'S HEALTH

Has the participant ever suffered from or received treatment for any of the following?

|  |  |  |
| --- | --- | --- |
| 11 | MENTAL AND OR EMOTIONAL ILLNESS | YES / NO |
| 12 | FITS, BLACKOUTS, OR DIZINESS | YES / NO |
| 13 | SERIOUS HEAD INJURIES | YES / NO |
| 14 | ANY OTHER CONDITION NOT MENTIONED ABOVE | YES / NO |

If you have answered yes to any of the above please provide details:

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| 15 | DATE OF PARTICIPATION | / / |

DECLARATION OF PARENTAL RESPONSIBILITY AND CONSENT TO ALLOW THE PARTICIPANT TO PARTICIPATE IN LOW IMPACT PAINTBALL

I the Responsible Person declare that I have parental responsibility for the participant. Having made myself fully aware to my complete satisfaction of what participation in low impact paintball games at Paintball Sports ACT entails, I the Responsible Person, believe that it is safe for the Participant to participate in low impact paintball (having regard to the physical nature of the game and the information disclosed in Items 7 to 10 above) and consent to allow the participant to play low impact paintball at Paintball Sports ACT.

|  |  |
| --- | --- |
| RESPONSIBLE PERSON'S SIGNATURE |  |
| DATE | / / |

Graphical user interface

Description automatically generated