

Name of person who organised your group today



Paintball Wanganui Entry/Disclaimer Form

As a condition of Paintball Wanganui's insurance, you are required to complete this form before playing

I confirm that I have read and understand the rules:

1. Goggles must be worn at all times in the playing areas. Removal of goggles will result in a player being removed from the field.
2. No player will deliberately shoot another in the head or face.
3. Marker guns must not be taken into the safe area and must be left in the gun rack area and goggles must be kept on whilst in the gun rack area.
4. No physical contact is permitted.
5. Only site paint to be used.
6. Always listen to and follow the instructions of the marshals.
7. Never remove your goggles unless supervised or instructed to do so by a member of staff.
8. No alcohol/drugs may be consumed by any player during the course of the day.
9. No shooting players within 6 meters.
10. Referees under no circumstances are allowed to be hit.

I understand and confirm that:

1. I have agreed to participate at Paintball Wanganui entirely at my own risk recognising that there are hazards in the woods; fallen trees, holes, ditches, and that the ground can become slippery in certain weather conditions.
2. I am fully aware of the risks to myself and others involved in Paintball Wanganui, and I will never, under any circumstances deliberately shoot anyone in the face or head.
3. I am physically fit and mentally able to take the strain and exertion involved in playing the game.
4. I will at all times comply with Paintball Wanganui rules, wear the eye protection issued, use the equipment as instructed and not injure or hurt others and will obey all directions of the marshals or other staff working for Paintball Wanganui.
5. I hereby release, remiss, and forever discharge from any claims and liabilities whatsoever without limitation that I might have against Paintball Wanganui, the owners of the property on which the activities are held, and any other players in the game who might injure me, other than through the negligence of Paintball Wanganui or Stephen Comrie, and I make this release on behalf of myself, my heir, executors, assignees and administrators.
6. Any accident or injury will be reported to Paintball Wanganui and I will sign a copy of the accident book on the day.
7. I have declared below any relevant medical information or history that may affect me as I play, or may be needed in a medical emergency (i.e. insect sting allergy, asthma, diabetes, epilepsy etc).
8. The game can be dangerous if not played in accordance with the stated rules which I have read above and understand.
9. The possibility of injury to myself and others exists.
10. Pellets fired from paintball guns can bruise and break the skin.
11. By paying the entrance fee I accept this disclaimer form and agree that I have attended a safety briefing and fully understand the risks involved.

Full Name

Address

Town/City

Mobile

Landline

Medical History/Info

Email

Please tick if you do NOT want to join our mailing list for special offers

Date of Birth

Signed

