

# UCZ PAINTBALL

## REGISTRATION AND CONSENT FORM

To be completed by the parent or teacher organising the party and to be handed in upon arrival.

**PLEASE PRINT CLEARLY AND IN CAPITALS**

Name: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signed: \_\_\_\_\_

I have permission of the parents of those named below to participate in paintball, splatball or laser games. They understand that there are hazards in the game areas: fallen trees, sharp objects, trip hazards, holes, etc. and that paintballs can sometimes bruise the skin. I, on behalf of the players mentioned below, confirm the Southwest Paintball Ltd, trading as UCZ Paintball, shall not be liable for any damage, cost or expenses arising from his/her attendance, except in the respect of death or personal injury resulting from any omission or act of negligence. All participants will be given full instruction on the activity and site rules, use of the equipment, and safety procedures. These rules are to ensure safe play and to maximise the enjoyment of all those taking part. I understand that failure to follow these rules may disqualify this individual or their group from continuing to participate in the activity. Refunds will not be issued in such instances. I believe the children to be physically fit and able to participate in the activity, and that participation may require a level of exertion. Please declare to the Game Manager any illnesses such as asthma, heart disease, etc as these conditions may be aggravated by participation.

**List of all participants:**

	First Name	Surname	Age	Any Health Issues
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Please continue on reverse if required.



01626 833 200

01392 464 032

[WWW.UCZ.INFO](http://WWW.UCZ.INFO)