

**SPECIAL OPS PAINTBALL LIMITED  
GROUP ACTIVITIES WAIVER FORM/CONSENT FORM**

Name

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Address

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Phone No.

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I understand that Special Ops Paintball Limited activities including – Paintball (12+), Splatball (8yrs+), and Airsoft (12yrs+) are active, physical sporting outdoor activities. I recognise that there are hazards onsite: man-made structures, fallen trees, dead branches, sharp objects, holes etc and that care should be taken at all times on all activities. My child(ren) & or I will conform to all safety rules in force on the site, in particular the wearing of safety equipment which is issued on site and to obey all staff safety rules and instructions as presented in the safety briefing and throughout the sessions of all activities at the Special Ops Paintball Limited venue.

I understand that Paintball/Airsoft/SplatBall is an active sporting game involving the elimination of opponents via the firing of paintballs/bbs from a paintball/Airsoft gun. Splatball uses a spring loaded low velocity paintball marker and .50calibre paintballs. I recognise that these may bruise or break skin. I have instructed my child(ren) to conform to all safety rules in force on the site, in particular the wearing of safety equipment which is issued on site and to obey all marshalls safety rules and instructions . I understand that by removing masks he/she could incur serious eye damage, therefore masks must be kept on at all times.

I hereby give my consent for my child(ren) to participate in any or all of the above named activities at entirely their own risk and absolve Special Ops Paintball Limited, their servants & agents in respect of personal injury or death save where caused by the negligence of Special Ops Paintball Limited, their servants and agents and in respect of any damage to property or goods howsoever this may arise or be caused.

PARTICIPANT NAME	AGE	PARTICIPANT NAME	AGE

I.....Parent/Guardian/Representative of this group take full responsibility for all the names on this consent form dated .....