



HUNTER VALLEY PAINTBALL PTY LTD

ABN 56 070 314 411

C/O 32 LORD HOWE DRIVE

ASHTONFIELD NSW 2323

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## PARENT/GUARDIAN CONSENT FORM

1. I am the parent/guardian of: \_\_\_\_\_

(child's full name)

a. **Child's Details:**

i. **Date of Birth:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

ii. **Address:** \_\_\_\_\_

\_\_\_\_\_ **Post Code** \_\_\_\_\_

2. I hereby give my consent for him/her to participate in the game of paintball at Hunter Valley Paintball on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (date) at \_\_\_\_\_ (time).

3. I agree to delegate my authority to Hunter Valley Paintball and its servants or agents.

4. I confirm that he/she is of or over the age of sixteen ( 16 ) years.

5. I note that the following person can be contacted on the above date and at the above time in case of an emergency:

**Name:** \_\_\_\_\_

**Relationship to the child:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Mobile phone number:** \_\_\_\_\_

6. I hereby acknowledge having read the Hunter Valley Paintball Release and Indemnity Form and agree on behalf of my child to all of the conditions contained in it (excluding clause 9 of that Form). In particular, I note clause 7 of that Form and hereby promise that my child is in good physical condition and has no disability, impairment or ailment which would prevent him / her from playing paintball or would be detrimental to his / her health, safety, conform or physical condition or to the health, safety, conform or physical condition of others while playing paintball or whilst at or near the designated playing field area

7. I may be contacted on the phone number below to confirm my consent for my child to participate in the game of paintball at Hunter Valley Paintball.

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian Contact Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_