



ADULT
Paintball Registration and Consent Form

All information will be kept confidential

Name:..... Date of Birth.....

Address:.....

.....

..... Post Code:.....

Telephone Number(s):.....

Current Age:.....

Ethnicity (please tick)

- | | | | | | |
|-----------------|-----------------------|-------------------------------|-----------------------|-------------------------------|-----------------------|
| White | | Black or Black British | | Asian or Asian British | |
| British | <input type="radio"/> | Caribbean | <input type="radio"/> | Indian | <input type="radio"/> |
| Irish | <input type="radio"/> | African | <input type="radio"/> | Pakistani | <input type="radio"/> |
| Other White | <input type="radio"/> | Other Black | <input type="radio"/> | Bangladeshi | <input type="radio"/> |
| | | | | Other Asian | <input type="radio"/> |
| Mixed | | Chinese | | Other Ethnic Group | |
| White and Black | <input type="radio"/> | Chinese | <input type="radio"/> | Gypsy/Traveller | <input type="radio"/> |
| Caribbean | | | | | |
| White and Black | <input type="radio"/> | Other Chinese | <input type="radio"/> | Other – Please state | _____ |
| African | | | | | |
| White and Asian | <input type="radio"/> | Mixed Chinese | <input type="radio"/> | Prefer not to say | <input type="radio"/> |

Assumption of Risk, I (the under signed) understand that:

(Please tick all boxes)

- Paintball activities are physically and mentally demanding and may require extreme exertion to play (please complete medical questionnaire on page 2).
- Paintball activities can be dangerous if not played in accordance with the stated rules. These will be fully explained to all players prior to commencing the activity.
- The possibility of injury exists to me and others, including bruising and other associated injuries.
- I the undersigned understand that I agree to play the games entirely at my own risk and recognise that there are hazards present.

I (the under signed) also confirm that:

(Please tick all boxes)

- I am fully aware of the risks to myself and others involved in paintball games and that I will never, under any circumstances, deliberately break any rules.
- I am physically fit and mentally able to take the strain and exertion involved in paintball activities and have completed the medical questionnaire on page 2.
- I will comply with all 'A Sporting Chance' rules and use the equipment as instructed and not so as to injure or hurt others and will obey all reasonable directions of the Marshals.
- I will wear my goggles at all times and will not remove them whilst in the game play zone or outside the safe zone. I will only remove my goggles when the Marshals say it is safe to do so.
- I will never deliberately shoot anyone in the face or head, or from a distance of less than 10 feet and for my own and the safety of others, I will only use paint supplied by this site.

