



# WASP PAINTBALL - PARENTAL PERMISSION/CONSENT

## Nominated Playing Field

- Dizzy Lamb  Wanneroo  Clackline

## Playing

- Paintball  Laser

## I (parent/guardian - full name)

**First Name**

**Surname**

**House Number**  **Street Name**

**Suburb**  **Postcode**  **State**

**Phone Number**  **Mobile Number**

**Email**

## Give permission for my child/children (name of child/children)

**First Name**

**Surname**

**Date of Birth of child/children**  /  /

## To take part/play a game/s of paintball/laser at WASP Paintball.

In exchange for Fasthand P/L (ABN 35744 667 369) trading as WASP Paintball allowing my **child/children** to use its equipment, services and facilities, I agree to the following terms and conditions on behalf of my child/children and as the parent/guardian I take full responsibility for the following terms and conditions as outlined below:

1. I am aware that use of Fasthand P/L trading as WASP Paintball equipment, services and facilities and (in particular) use of paintball guns carries with it additional dangers and risks.
2. Except to the extent that I have non-excludable rights under the Trade Practices Act, 1974 and so far as is otherwise permitted by law, I:
  - 2.1 agree to assume all risks arising out of my child/children using the equipment, services and facilities provided by Fasthand P/L trading as WASP paintball.
  - 2.2 agree to release Fasthand P/L trading as WASP Paintball from all liability no matter how it arises in respect of any injury, loss or damage suffered as a result my child/children using Fasthand P/L trading as WASP Paintball's equipment, services or facilities;
  - 2.3 agree to indemnify of Fasthand P/L trading as WASP Paintball in respect of any legal liability it may have to any third party which in any way arises from any use of or attempted use by my child/children of any of Fasthand P/L trading as WASP Paintball's equipment, services or facilities.
3. My child/children agree to abide by all rules established by Fasthand P/L trading as WASP Paintball regarding the use of its equipment, services and facilities and understand that such use may be forbidden by Fasthand P/L trading as WASP Paintball at any time for any reason at all.
4. I acknowledge "Skirmish" is a physical game and warrant that my child/children are in good physical health.
5. My child agrees to and understands that they must at all times wear and not remove their face mask whilst on or close to the designated paintball playing field area.
6. I have read and understood this document prior to signing it on behalf of my child/children.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**DON'T FORGET TO TURN OVER AND COMPLETE THE BACK**

Please remember incorrect or illegible details may delay your game, it is necessary to complete this form in its entirety.

# WASP PAINTBALL

ABN 35744 667 369

**Is this the first time you have played at WASP Paintball?**

Yes

No

**Are you the organiser of this event?**

Yes

No

**Where did you hear about us?**

- Website (www.wasppaintball.com.au) or o (www.canningvalecountryclub.com.au)
- Existing Customer
- Shopping Centre
- Radio
- WASP Brochure
- WASP Voucher
- Mail
- Friend, mate or family member
- SMS message from WASP paintball
- Facebook
- Google Search
- Newspaper / Magazine
- Student Edge
- Sports Club or work (name of company/organisation) \_\_\_\_\_
- Other (Please specify) \_\_\_\_\_

Cross this box If you do not wish to receive information regarding discounts, events, promotions or special offers from WASP Paintball.

We recognise that your privacy is very important to you. We collect this information for the primary purpose of assisting us. We never sell or rent your personal information.