

# Phoenix Airsoft

## INSURANCE WAIVER

Please Print Name In Block Capitals

Name																			
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Under 18s MUST get Parent or Guardian to complete form.

Address \_\_\_\_\_

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

D.O.B. \_\_\_/\_\_\_/\_\_\_ TEL. No \_\_\_\_\_

want to play at Phoenix Airsoft. Airsoft games and sign this document in consideration of being given the opportunity to engage in this activity.

I understand that:

- 1 The game is physically and mentally intense and may require extreme exertion to play.
- 2 The games may be dangerous if not played in accordance with the stated rules which I have read and understood.
- 3 The possibility of injury to myself and other exists.

I confirm and agree that:

- 1 I am fully aware of the risks to myself and others involved in playing at Phoenix Airsoft. and that I will never under any circumstances, deliberately shoot anyone in the face or head.
- 2 I am physically fit and mentally able to take the strain and exertion involved in playing the games.
- 3 I will comply with Phoenix Airsoft. rules and use the equipment as instructed and not so as to injure or hurt others and will obey all directions of marshals or judges.
- 4 I will wear my goggles and not remove them while in a war game area where the game is being played and may only remove goggles in areas where the marshals advise. It is my own responsibility if I choose not to wear the recommended eye protection in the form of a full facemask (under 16s MUST wear a full face mask e.g. scott/jt/vforce/leader). Shooting glasses I wear at my own risk. If I do not have suitable eye protection I will not be able to take part.

Release:

I hereby release, remise and forever discharge from any claims and liabilities whatsoever without limitations that I might have against Phoenix Airsoft. and the owners of property which the game is being played on.

EMAIL ADDRESS \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

To ONLY be signed by parent or guardian if player is under 18 years