## Truro Paintball Registration Form To be completed in full, please read the following, and then complete the form in block capitals:

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I
Agree to participate in the paintball event entirely at my own risk, I recognise that there are hazards in the Paintball zones such as fallen trees, sharp objects, holes, trip hazards, running water and that paintball pellets can bruise or cut the skin, I confirm that Truro Paintball shall not be liable for any loss or damage, cost or expenses arising from my attendance which was not reasonably foreseeable by the operator on the date of attendance at the centre, except in the respect of death or personal injury resulting from an act or omission on the part of the operator, recorded in it and signed by the injured person or their representative, I understand that all vehicles are parked at the owners risk, and I note it is unadvisable to wear jewellery that may become entangled or cause injury during the event. I understand that any paintballs purchased during the event are my respoip9nsibility from the time of purchase, Truro Paintball shall not be responsible for replacing any paintballs that might become lost, stolen or accidentally damaged, I agree that I will not deliberately shoot anyone in the head or face, or at a distance of less than 6 feet, that I will wear my goggles (mask) and will not attempt to lift or remove them whilst in the playing zones, and that I will obey all reasonable requests of Truro Paintball marshalling personnel. It is my responsibility to ensure that the goggles (mask) issued are fitted correctly and adjusted to prevent them slipping when in use. If in any doubt about any equipment I will immediately seek advice from a member of staff. Under no circumstances will I participate in the paintball event if my goggles (mask) are not held firmly against my face at all times. I accept that if I should lift or remove my goggles at any time when in the game or gun zones, I will be excluded from all paintball games for the remainder of the day. No refunds will be given or any excuse accepted, in signing this registration form, I accept that any division of players in any group is at full dis
during today's events (inhalers, pills or hay fever tablets)  PLEASE COMPLETE IN BLOCK CAPITALS
Date of birth
Telephone number
<u>Email</u>
Address
Address
Signature

Date

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Signature of parent or guardian if the player is under 16

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