



PAINTBALL GAMES
THE ULTIMATE EXPERIENCE!

VENUE:
Shanagolden Woods,
Clonty, Co. Limerick.
OFFICE:
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PLEASE READ & COMPLETE THIS FORM IN FULL WITH BLOCK CAPITALS. THANK YOU.

STUDENT DETAILS

SURNAME _____

FIRST NAME _____

ADDRESS _____

EMAIL _____

PHONE NUMBER _____

DATE OF BIRTH _____

SCHOOL _____

I, the parent/guardian of the above named child, have agreed to allow him/her to play the game at entirely their own risk. I understand that paintball is an active sporting game involving the elimination of opponents via the firing of paintballs from a paintball gun. I recognise that there are hazards on the site; man-made structures, fallen trees, dead branches, sharp objects, holes etc., and that paintballs fired from guns may bruise or break skin. I understand that by removing goggles he/she could incur serious eye damage, therefore goggles must be kept on at all times. I agree to conform to all safety rules in force on the site, in particular the wearing of safety equipment that is issued on site and to obey all marshals, safety rules and instructions.

I hereby absolve **Combat Zone Paintball Games Ltd**, their servants and agents in respect of personal injury or death save where caused by the negligence of **Combat Zone Paintball Games Ltd**, their servants and agents and in respect of any damage to property or goods howsoever this may arise or be caused.

Are you aware of any physical ailments or conditions, which may affect your son/daughter ability to participate in this event safely? YES _____ NO _____ (If you answered yes please contact our office to speak to a game supervisor prior to event)

I CONFIRM THAT THE ABOVE NAMED PERSON IS 15 YEARS OF AGE OR OLDER.

SIGNED: **DATE:**

*Let the
games begin!*