AIRSOFT 101 INSURANCE WAIVER

Each participant MUST complete this form
Under 18s MUST get a Parent or Guardian to complete this form
PLEASE PRINT IN CAPITAL LETTERS ONLY

NICKNAME | | | | | | | | | | | DATE OF BIRTH | | | | | | | | |

FIRST NAME | | | | | | | | | | | | | | | | | | | | |

LAST NAME | | | | | | | | | | | | | | | | | | | | |

TEAM NAME | | | | | | | | | | | | | | | | | | | | |

Currently residing at (home address)

_____

(Post code)_____ Signature_____

I would like to be a participant at the JBBG CQB CHALLENGE at AIRSOFT 101

I understand that:-

1. The activity is physically and mentally intense and may require extreme exertion to play.

2. The activities may be dangerous if not played in accordance with the rules which I have read and understood.

3. The possibility of injury to myself and others exists.

4. I must declare any medical conditions that may affect my participation in this activity.

I confirm and agree that:-

1. I am fully aware of the risks to myself and others involved whilst engaged in airsoft activities.

2. I am physically fit and mentally able to take the strain and exertion involved in playing airsoft.

3. I will comply with AIRSOFT 101 RULES and use the equipment as instructed.

4. I will wear my eye protection and not remove them whilst in the activity area.

5. I will never RUN or knowingly SHOOT at a member of staff or any other person at the event.

Release:

I hereby release, remise and forever discharge from any claims and liabilities whatsoever without limitations

that I might have against AIRSOFT 101 and the owners.

I make this release on behalf of myself, my heirs, executors, assigns and administrators.

EMAIL ADDRESS: _____

CONTACT PHONE NUMBER _____