

# PLAYER CONSENT FORM

PLEASE PRINT CLEARLY IN BLOCK CAPITALS



Date: \_\_\_\_\_

SITE: BOURNEMOUTH  ALTON

Name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

(\*under 18s need parent/guardian to countersign)

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

## I UNDERSTAND THAT:

1. The games are physically and mentally intense and may require extreme exertion.
2. The possibility of injury to myself and others exists.
3. The game can be dangerous if not played in accordance with the stated rules.

DO YOU HAVE ANY MEDICAL CONDITIONS YES  NO

IF YES, please give details \_\_\_\_\_

Should an episode take place during the game day, what action/medication is required (please advise here any medication you have with you)

\_\_\_\_\_

## I AGREE TO ABIDE BY THE FOLLOWING:

1. Ensure that you listen to and take note of the safety briefing given.
2. Always follow the instructions of the marshals and abide by their decisions.
3. Sturdy footwear should be worn as there is uneven terrain on the fields. Whilst every effort is made to remove obstacles which could cause a tripping hazard, please be cautious.
4. For safety reasons, we advise you **DO NOT** dive on the ground because of stones and debris.
5. **NEVER** fire anything from your paintball gun other than the paintballs provided.
6. Do not pick up paintballs from the ground, as dirt will cause the gun to malfunction.
7. Your **MASK MUST BE WORN** at all times once you leave the safety area. Masks are never to be removed for any reason whatsoever on the game field or firing range.
8. Paintball guns are **NOT ALLOWED** in the safety area. When not on the game field, guns must remain on the racks provided. **GUNS MUST NEVER** enter the safety area for any reason.
9. **NO** physical contact is permitted.
10. **DO NOT** shoot your gun at anyone not involved in the game.
11. **You MUST NOT be under the influence of alcohol or illegal drugs or you will be ejected from the site.**
12. **DO NOT** smoke outside the safety area.
13. **DO NOT** fire your gun once you leave the game field other than at the designated firing range.
14. **DO NOT** shoot at persons closer than 2 metres.
15. Please respect the countryside. **DO NOT** deliberately shoot at any wild animals.
16. **NO KNIVES OR WEAPONS** of any description are allowed on the site.

## I AGREE TO ABIDE BY THE FOLLOWING:

17. **NO** pyrotechnical devices or paintballs are permitted other than those supplied by Camouflage Paintball.
18. You must be 18+ years of age to purchase pyrotechnics and they must be used in accordance with supplied instructions.
19. Should your conduct in any way endanger yourself or others you will be asked to vacate the site immediately. Players under the age of 18 will have a parent/guardian contacted.
20. Any outstanding monies must be paid in full on the game day.
21. **DO NOT** under any circumstances deliberately shoot anyone in the face or head.
22. Camouflage Paintball can not be held responsible for personal property, lockers are available for hire.

### COVID-19 Risk Group;

1. You are **NOT** 70 years of age or over.
2. You are **NOT UNDER 70** years of age with an underlying health condition listed below (i.e. anyone instructed to get a flu jab as an adult each year on medical grounds): chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis chronic heart disease, such as heart failure chronic kidney disease chronic liver disease, such as hepatitis chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy diabetes problems with your spleen – for example, sickle cell disease or if you have had your spleen removed or a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy or being seriously overweight (a body mass index BMI of 40 or above) or those who are pregnant.
3. You **DO NOT** have a weak immune system (immuno-suppressed).

# PLAYER CONSENT FORM



## I AGREE TO ABIDE BY THE FOLLOWING:

### COVID-19 Self Evaluation;

1. I do **NOT** have a high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature).
2. I do **NOT** have a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual).
3. I do **NOT** have a loss or change to my sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal.
4. I do **NOT** have chills (the term "chills" refers to a feeling of being cold without an apparent cause. You get this feeling when your muscles repeatedly expand and contract and the vessels in your skin constrict. Chills can cause shivering or shaking).
5. I do **NOT** have shortness of breath (you might feel like you can't get enough air into your lungs - and you can't do it quickly enough. It may seem as though you're running short on oxygen. It may be more difficult to inhale and exhale. Sometimes you might be compelled to draw a breath before you've even finished the last exhale) or difficulty breathing.
6. I do **NOT** have fatigue (this is an overall feeling of tiredness or lack of energy. It isn't the same as simply feeling drowsy or sleepy. When you're fatigued, you have no motivation and no energy. Being sleepy may be a symptom of fatigue, but it's not the same thing).
7. I do **NOT** have persistent muscle aches or pains (discomfort in your muscles).
8. I do **NOT** have a persistent headache (this is a condition that causes pain and discomfort in the head, scalp, or neck).
9. I do **NOT** have a sore throat (this is a painful, dry, or scratchy feeling in the throat).
10. I do **NOT** have congestion (excess mucus and secretions in the air passages of the nose) or a runny nose (characterised by mucus draining or dripping from the nostril).
11. I do **NOT** have nausea (the feeling that you might vomit) or vomiting (matter from the stomach that has come up into and may be ejected beyond the mouth).
12. I do **NOT** have diarrhoea (this is characterised by loose, watery stools or a frequent need to have a bowel movement).
13. I have **NOT** had contact with any possible source of the COVID-19 virus.

On occasions photos/videos may be taken during the game day which may then be used for promotions, websites, printed advertising or corporate videos. No other personal information is disclosed with these images. I understand that I/the player may appear in these photos/videos.

**I, the undersigned, having read the contents on both sides of this form, understand and accept all of the rules stated.**

Signature of Player: \_\_\_\_\_ Dated: \_\_\_\_\_

**We require a Parent/Guardian to countersign for Under 18s – please provide a contact telephone number in case of emergency.**

I, the undersigned, having read the contents on both sides of this form, give consent for the named player to participate and confirm he/she is no younger than 11 years of age.

**\*Parent/Guardian Signature** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Emergency Contact Number:** \_\_\_\_\_

Please tick here if you do not want us to contact you with offers and marketing promotions from Camouflage Paintball:

Please indicate how you found out about Camouflage Paintball: a Friend  Web search  Booking Agent  Website  Facebook  Other

**POWERBALL OUTDOOR ACTIVITIES LTD RESERVES THE RIGHT TO REFUSE ANY PERSON OR PERSONS DEEMED IN THEIR OPINION TO BE UNFIT TO PARTICIPATE IN THE ACTIVITIES.**