WELCOME TO
THE
PAINTBALL ZONE

Please read & complete this form with your details in BLOCK CAPITALS

Surname	
First name	
Email	
Home Address	
Postcode	
Phone number	
Date of birth	
Group organiser	

I the undersigned understand that i have agreed to play the game entirely at my own risk. I recognise there are hazards in site: fallen trees, sharp objects, holes etc and that paintballs fired from guns may bruise or break the skin.

I will at all times discharge any claims or liabilities whatsoever without limitation that i might have against The Paintball Zone and any other player in the game who might injure me and hereby absolve them from any liability howsoever arising or be caused.

SIGN HERE..... DATE.....

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