

**IMPORTANT: ALL sections MUST be 100% or this form will be rejected.**



Paintball Skirmish Registration Form

Booking name

Elite Paintball Pty Ltd  
59 Womma Rd  
Elizabeth West SA 5113  
PO Box 1131  
Golden Grove SA 5125  
Ph: (08) 8362 3456  
ABN 70106910338

**Participant's Details:**

Paintball Gun Serial Number (office use only): \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

**Emergency Contact Details:**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Anything else we should know? Medical conditions/disabilities/impairments ☐ Yes ☐ No

If yes, details: \_\_\_\_\_

**The game of Paintball Skirmish can be physically and mentally demanding. It is therefore not recommended for players suffering from injuries or pregnant women. A number of obstacles have been placed on the skirmish area to provide hiding places and/or vantage points. These obstacles may present a danger if caution is not exercised. Transportation to the field of play may be through other skirmish areas.**

**Consent, waivers & indemnity:**

The participant:

- declares that he/she is not subject to any court order prohibiting possession or use of a firearm, or had a firearm licence cancelled or revoked.
- declares that he/she has not consumed any alcohol or prohibited substances prior to play and will not during play.
- consents to participate in the game of Paintball Skirmish and to being transported by the operator to the Paintball Skirmish field of play and understands and accepts the risks inherent in playing the game of Paintball Skirmish including the risk of injury or death;
- (except to any extent caused by its own wilful default) waives any right to claim against the operator of the venue and/or their respective staff for any personal injury (or death) to / loss or damage to property of the participant arising from the participant's participation in the game of Paintball Skirmish or while being transported by the operator to the Paintball Skirmish field of play;
- (except to any extent caused by its own wilful default) indemnifies each entity mentioned in the above paragraph for any personal injury (or death) to / loss or damage to property of the participant arising from the participant's participation in the game of Paintball Skirmish.
- indemnifies the operator of the venue for all loss and damage to the paintball guns / equipment provided by the operator;
- agrees to wear the protective gear and goggles provided or gear and goggles approved by Elite Paintball management at all times whilst on or near the skirmish area.
- agrees to follow all rules and will not fire on another player to cause harm or damage.
- agrees that only paintball guns issued by Elite Paintball shall be used in the skirmish area and will not place any other type of projectile or paintballs in the paintball guns issued to me unless approved by Elite Paintball management.
- agrees that while engaged in the game of Paintball Skirmish the operator and /or its staff may record me in any form (visual, audio or electronic or otherwise) for the purposes of promotions, advertising or publicity.

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Game Play: \_\_\_\_/\_\_\_\_/\_\_\_\_ Players Signature: \_\_\_\_\_

Witness (18+) Full Name: \_\_\_\_\_ Witness Age (compulsory): \_\_\_\_\_ Witness Signature: \_\_\_\_\_

**Consent & indemnity by a parent of the player / legal guardian:**

If the participant is now aged less than 18 years, a parent of the player / legal guardian must counter-sign this form below and (except to any extent caused by its own wilful default) indemnify the operator of the venue and/or their respective staff for any personal injury (including death) to / loss or damage to property of the participant arising from the participant's participation in the game of Paintball Skirmish.

Full Name: \_\_\_\_\_ Relationship to Minor: Parent ☐ Legal Guardian ☐ Parent/Guardian D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Number: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If any section is not complete or unreadable this registration form will not be accepted**

A person signing this consent warrants that they have the authority to do so.