



PLAYERS UNDER 16 YEARS OF AGE

For insurance purposes it is required that all players under 16 years of age must provide us with a completed Parental Consent Form. Failure to do this may result in players being excluded from Laser Battlefield missions. No refunds will be given under these circumstances. I understand that as parent/guardian of the child named below, I have agreed to allow the named child to participate in the event entirely at their own risk and I on behalf of the child mentioned below, confirm that Laser Battlefield shall not be liable for any damage, cost or expenses arising from his/her attendance at the event. All Players will be given instruction on the game, site rules and safety procedures and use of the equipment. *I confirm that appropriate clothing and adequate supportive footwear will be worn.*

I believe the child named below to be physically fit and able to participate in the games.

I, (Parent/Guardian) _____

Confirm that, (child's name) _____

Their date of birth is ___/___/_____

I give my permission for him/her to participate in Laser Battlefield missions with

Laser Battlefield North East on ___/___/_____

My emergency contact telephone number is _____

Signature _____

Date ___/___/_____

www.laserbattlefield.co.uk
Freephone 0800 652 1394



PLAYERS UNDER 16 YEARS OF AGE

For insurance purposes it is required that all players under 16 years of age must provide us with a completed Parental Consent Form. Failure to do this may result in players being excluded from Laser Battlefield missions. No refunds will be given under these circumstances. I understand that as parent/guardian of the child named below, I have agreed to allow the named child to participate in the event entirely at their own risk and I on behalf of the child mentioned below, confirm that Laser Battlefield shall not be liable for any damage, cost or expenses arising from his/her attendance at the event. All Players will be given instruction on the game, site rules and safety procedures and use of the equipment. *I confirm that appropriate clothing and adequate supportive footwear will be worn.*

I believe the child named below to be physically fit and able to participate in the games.

I, (Parent/Guardian) _____

Confirm that, (child's name) _____

Their date of birth is ___/___/_____

I give my permission for him/her to participate in Laser Battlefield missions with

Laser Battlefield North East ___/___/_____

My emergency contact telephone number is _____

Signature _____

Date ___/___/_____

www.laserbattlefield.co.uk
Freephone 0800 652 1394