



(Internal Use only)

Player Number:

ID Sighted? *Cross if No*

Delta Force Paintball - Canberra

Registration and Release Form

ABN: 52 165 845 901

Playing Rules

1. Delta Force Paintball will not accept any liability whatsoever in respect to personal injury.
2. Players must recognise that Delta Force Paintball is played in a bush environment and as such, any wild, domestic or farm animals have equal right to be on the land. Players also recognise that there are hazards in the bush such as fallen trees, holes and trip hazards and that pellets may bruise and break the skin.
3. Due to the environment within which the paintball games take place, I will take extreme care when moving around the paintball facility and I will not run.
4. Appropriate footwear with ankle support and deep tread should be worn at all times when at the paintball facility.

Acknowledgement and Assumption of Risk

Warning: this may effect your legal rights and obligations. I want to play paintball with Delta Force Paintball and sign this document in consideration of being given that opportunity to engage in this activity.

I ACKNOWLEDGE AND UNDERSTAND THAT

1. The game is physically and mentally intense and may require exertion to play;
2. The game can be dangerous if not played in accordance with stated playing rules which I have read and understand;
3. The possibility of injury to myself and other exists;
4. Any breakage or loss of equipment loaned to myself during the day will be charged to me at cost price;
5. Delta Force Paintball accepts no responsibility for personal property lost or damaged during the day and that customers vehicles are parked entirely at the owner's risk;
6. I may be injured and/or suffer damage to my property as a result of my negligence or breach of contract;
7. I assume the risk of responsibility for any injury, death or property damage resulting from my participation;
8. The conditions in which the activity is conducted may vary without warning;
9. I will give special attention to all instructions, oral or written, and will query any matters I do not understand;
10. There may be no or inadequate facilities for treatment or transport of me if I am injured;

11. I am not under the influence of drugs/medication/mind altering substances, nor do I have any allergies or pre-existing medical condition that:
 - a. Affect my understanding of safety instructions;
 - b. May be exacerbated by the activity; and/or
 - c. Prejudice the performance/safety to myself or others.
12. Other persons participating in the activity may cause me injury or damage to my property for which they may be liable;
13. I may cause injury or damage to others property for which I may be liable;
14. I may cause loss or damage to property used/hired for which I may be liable;
15. I pass my proxy vote for the Australasian Paintball Association to Delta Force Paintball.
16. I release and approve Delta Force Paintball to use all images and footage, my name and likeness recorded on the day. I further understand the master tape remains the property of Delta Force Paintball and that there will be no restrictions on the number of times that my name and likeness may be used.

Release

In consideration of the acceptance of my payment for participating, except for the extent that it is precluded by statutory law I AGREE TO RELEASE AND INDEMNIFY the service provider as follows:

I release and indemnify and hold harmless the Service Provider, its servants and agents, from and against all and any actions or claims which may be made by me and on my behalf by other parties for or in respect of or arising out of any injury, loss, damage or death caused to me or my property whether by negligence, breach of contract or in any way whatsoever.

Group Organiser's Name:	
Full Name:	Date of Birth: DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YY <input type="text"/> <input type="text"/>
Parent/Guardian (if under 16 years of age):	Gender: PLEASE TICK MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
Address:	Mobile:
Post Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email:
Signature (and of Parent/Guardian if under 16 years of age):	Date: