

To be completed and signed (by the Parent or Guardian of any minor) and returned to an NZ Airsoft co-ordinator PRIOR to the minor being permitted to take part in ANY combative or non-combative role at any event organised by NZ Airsoft or any of its representatives.

By signing below I declare that I am the Parent or Legal Guardian of the minor detailed below and I give permission for this minor to take part in events organised by NZ Airsoft.

I will not hold NZ Airsoft, its associates/organisers or the site/field/land owner responsible for any injuries, loss of life, loss or damage to equipment.

In the event of illness or injury, having parental responsibility for the minor detailed below, I give permission for medical treatment to be administered where considered necessary by a nominated first aid provider or by suitably qualified medical practitioners.

If I cannot be contacted and the minor should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

I declare that I fully understand the conditions of this consent form.

NAME OF MINOR _____

AGE _____ DOB _____ MALE / FEMALE Please Circle One _____

HOME ADDRESS _____

PRIMARY PHONE _____ ALTERNATIVE PHONE _____

PARENT / GUARDIAN NAME _____ RELATIONSHIP TO MINOR _____

ADDRESS _____

PRIMARY PHONE _____ ALTERNATIVE PHONE _____

SECONDARY CONTACT PERSON _____ RELATIONSHIP TO MINOR _____

ADDRESS _____

PRIMARY PHONE _____ ALTERNATIVE PHONE _____

NAME OF G.P. _____ G.P. PHONE _____

Details of any known allergies, medical conditions or medication being taken. _____

Any other special needs and information that the club organisers should be made aware of _____

PARENT / GUARDIAN NAME _____ SIGNATURE _____ DATE _____