

# PARENTAL & GUARDIAN CONSENT FORM



## PARENT / GUARDIAN DETAILS

Surname:		Relationship to Child:	
First Name(s):		Contact Telephone (Mob):	
		Contact Telephone (Home):	

Your Address:			
Your Postcode:			

I, (details above) give permission for my child (details below) to attend battle simulation events with Warzone Battle Simulation Events. I also declared that he / she is fit and well enough to partake in such activities and that I know of no medical condition that would incapacitate them during the event. I understand that photography of my child may be taken during the event and permit its use in promotional material and on the Warzone website / online galleries.

I understand that I must also complete an insurance waiver for my child in addition to this parental consent form.

## CHILD DETAILS

Surname:			Emergency Contact Name:	
First Name(s):			Emer. Contact Relationship:	
Date of Birth:			Contact Telephone No:	
Age:	Years	Months	Airsoft Team (if applicable):	

Address:			
Postcode:		Warzone Player ID (if known):	

In the event of illness, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider or by suitably qualified medical practitioners.

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

## STATEMENT

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for the child to participate in Warzone Battle Simulation Events.

### PARENT / GUARDIAN SIGNATURE:

Signed:		Date:	
---------	--	-------	--

### CHILD SIGNATURE

Signed:		Date:	
---------	--	-------	--

**THIS CONSENT FORM MUST BE ACCOMPANIED BY A FULL INSURANCE WAIVER**