

FEARMASTERS

INSURANCE WAIVER 2018

Parent/Guardian to sign for
Anyone under the age of 18.

NAME: _____

I, the above named person, wish to take part in the Fear Masters Airsoft UK attraction and I understand what is required to take part in this attraction and agree that;

- a, Parts of this attraction will be both mentally and physically demanding.
- b, If I do not follow the rules and instructions given to me by the marshals then this attraction may cause injury to myself and others.

Name:-	Date of Birth:-
Address:-	Email:-
	Contact - Mobile:-
	Contact - Home:-
	Medical Conditions:-
Post Code:-	

I also agree and confirm;

1. I am fully aware of the possible risks to myself and others whilst taking part in this attraction and I shall not shoot anyone deliberately to cause harm or distress.
2. That due to the nature of the attraction, I am mentally and physically capable to take the stress and strain of this attraction.
3. I shall at all times use the equipment provided as instructed and follow any instructions issued by a member of staff.
4. I have made Fear Masters Airsoft UK aware of any medical conditions that may affect my health whilst taking part in the attraction.
5. I shall only remove my eye/face protection when I am in the 'Safe Zone', I release, remise and forever discharge any claims should I not wear the recommended PPE (Personal Protection Eyewear).
6. That I have the correct equipment in order to take part in this attraction.

I hereby release, remise and forever discharge from any claims and liabilities whatsoever without limitations that I might have against Fear Masters Airsoft UK and the owners of property which the game is being played on.

Signature:-	Date:-
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