



VALHALLA AIRSOFT

PERMISSION FORM FOR UNDER 16s

Name of Parent: _____

Name of Child: _____

- I allow my child to play at Valhalla Airsoft entirely at their own risk.
- I agree that the person named is responsible for his/her own health and safety and has a duty of care to others.
- I understand that the game site areas may include hazards and the possibility of injury to him/her and others exists.
- I confirm that Valhalla Airsoft are not liable for any loss or damage to any cars or personal belongings left on the site.
- I agree that my child will at all times wear the safety goggles supplied to him/her and only remove them when instructed to do so by the marshals.
- I agree that my child will at all times follow the site rules and instructions of the marshals, failure to do so will result in him/her being removed from the site and no refund will be given.
- I understand that should my child be hit by an Airsoft BB it may cause bruising or broken skin.
- I agree that Valhalla Airsoft to take photos/videos on my child to use on social media.
- I hear-by release and forever discharge from any claims whatsoever without limitations that I might have against Valhalla Airsoft or the owners of the property on which the games are to be played. I make this release on behalf of my child.

Health Declaration

In the event of an emergency it is vital we have contact details for your son/daughter.

Any known allergies/disabilities: _____

Emergency Number

Name: _____ Number: _____

I agree that the information stated above is correct

Signed (parent/guardian): _____