



Age Declaration Form

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

| Parent / Guardians details | |
|----------------------------|--|
| Name: | |
| Address: | |
| Phone: | |

IMPORTANT

By signing below I acknowledge the following: My child is over 16 years of age. I hereby state that I am making a free and fully informed decision and give my consent for him/her to participate in the paintball games at Demons Paintball. I hereby indemnify Demons Paintball and its employees and agents against any future liability for any accident involving my child during their visit.

I hereby declare that I am the parent/guardian

of _____ (DOB - ___/___/___)

Signature: _____

Date: ___/___/___

IMPORTANT NOTES

Any person ages 16-17 MUST provide this completed form upon arrival at DEMONS PAINTBALL, along with photo ID proving their age, otherwise entry will be refused.