Consent Form

I understand the hazards and potential dangers of playing at an urban site and that I have freely agreed to participate entirely at my own risk. These risks include but are not limited to, trips, slips, uneven and varying floor surfaces, buildings entrances and exits including those via windows as well as the potential of injury associated with climbing. I understand and accept that BB’s may break the skin surface and that is recommended that I wear long sleeved clothing and trousers as well as appropriate footwear.

I have been instructed to wear full face protection that include appropriate ballistic rated eyewear (EN166b), I accept that it is my responsibility to ensure my eyewear reaches this standard, is undamaged and fit for purpose. If I knowingly or unknowingly choose to wear anything less than instructed then I do so entirely at my own risk.

I am aware that pyrotechnics may be used on site which will include high noise and/or light effects and that it is my responsibility to inform the site manager of any hearing, sight impediment as well as any other medical conditions I have. I acknowledge the potential harm these items may cause to my person and still wish to participate.

I have read and understood the site rules that are available on the web site (www.southcoast-cqb.co.uk) as well as the rules available at each event & those outlined during the safety brief.

I will obey the aforementioned rules as well as any and all instructions given to me by site marshals. I understand that failing to do so may result in me being asked to leave the site and/or receive a temporary or permanent ban from future events.

I acknowledge that during the event; photographs and / or video footage may be taken. By signing this consent form I agree to release all media rights for the exclusive use of South Coast CQB Ltd to include, but are not limited to Facebook and other social media platforms.

**I indemnify South Coast CQB, its owners, staff and all agents associated with the Site. I absolve the aforementioned of any and all responsibility in respect of death, illness, personal injury and/or damage howsoever it might be caused.**

*More details overleaf…*

Please read the following bullet notes & sign your name below to accept all of the rules and guidance contained within this document:

* Every weapon you intend to use is to be Chrono’d prior to start of the day, pistols which use Co2 must be Chrono’d on a fresh bulb inserted at the Chrono station.
* Eye-Pro must be worn at all times in the Game Zone. Any player removing their Eye Pro in the Game Zone will be asked to leave the site immediately.
* No dry firing in the SZ. Mags out when entering Safe Zone, empty barrel in designated area.
* Players are not permitted to climb onto buildings, roofs or trees.
* In the result of a fire, players must quickly and safely assemble in the car park area or on direction of staff if otherwise instructed.
* Physical or excessive verbal behaviour to players or staff will result in an indefinite ban.
* No ORANGE / RED / PINK / YELLOW smoke to be deployed / used on site.
* All pyro must be deployed with reasonable control and force. You must be able to see where they will land, unless posting – be particularly careful with BFGs pyro of any kind and not to be thrown over any building/roof, fence or trees. BFG’s to be deployed below waste height.
* No Blind Firing. This is firing when you can’t see down the line of your weapon or a firing around transparent cover.

Please complete the box below in BLOCK CAPITALS

Waiver Forms will only be accepted if completed in full and is legible.

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| Full name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Town |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Post code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Contact number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of birth  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email address  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signed  |  |
| Date  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Under 18’s

As the parent/guardian of the above signed person, I give my consent for them to take part in the activities and I am unaware of any health, fitness, condition or illness which may prevent the above named from safely taking part.

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| Full name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature |  |

Updated April 2020