

Gun _____ Package _____ (office use only)

Player Waiver Form

TO – THE SKIRMISH OPERATORS (SKIRMISH DOWN UNDER) in consideration for you allowing me to play and/or take part in the game of ‘Skirmish’

1. I hereby agree for myself, my executors, administrators, heirs, next of kin, successors and assigns:
 - (a) not to make any claim or any demand of any kind or institute any proceedings against THE SKIRMISH OPERATORS (SKIRMISH DOWN UNDER) for any injury, damage of any kind whatsoever, or death sustained by me or occasioned to me in the course of or incidental to playing the game ‘Skirmish’ or arising or resulting directly or indirectly from any act, omission, neglect or default on the part of THE SKIRMISH OPERATORS (SKIRMISH DOWN UNDER) or arising or resulting from faulty equipment issued to me by of THE SKIRMISH OPERATORS (SKIRMISH DOWN UNDER).
 - (b) to indemnify and save harmless THE SKIRMISH OPERATORS (SKIRMISH DOWN UNDER) all loss injury or damage which they or any one of them may sustain by reason of:
 - (i) any loss or injury suffered by me in the course of or incidental to playing the game ‘Skirmish’ or arising or resulting from me being on or near the designated playing field area and/or
 - (ii) any loss or injury suffered by me or any other person whosoever as a result of my neglect or willful act or omission;
 - (c) the expressions THE SKIRMISH OPERATORS (SKIRMISH DOWN UNDER) shall include the following: the owners and proprietors of Skirmish Down Under and any directors, officers, agents, servants, licensees and invitees of THE SKIRMISH OPERATORS (SKIRMISH DOWN UNDER).
2. I warrant that I am fully aware of all risks involved in playing ‘Skirmish’ and that there is a possibility of injury to me including injury caused to me if ‘Skirmish’ equipment does not function properly. I nevertheless wish to assume all such risks.
3. I hereby acknowledge that ‘Skirmish’ is a physical game and may become physically strenuous. I hereby warrant that I:
 - (a) am in good physical condition;
 - (b) have no disability, impairment or ailment which would prevent me from playing ‘Skirmish’ or would be detrimental to my health, safety, comfort or physical condition, or the health, safety, comfort or physical condition of others while playing ‘Skirmish’ or while at or near the designated ‘Skirmish’ playing field area.
4. I undertake to play ‘Skirmish’ only in accordance with the safety instructions, rules and suggestions presented to me by THE SKIRMISH OPERATORS (SKIRMISH DOWN UNDER).
5. I have reached sixteen years of age and if under eighteen agree this form is signed by my parent or guardian who is over 18 years of age.
6. I agree and undertake at all times to wear and not remove safety eye wear provided whilst on a designated ‘Skirmish’ playing field area and to insert correctly the barrel plug provided before leaving the playing field and not remove it thereafter unless instructed by THE SKIRMISH OPERATORS (SKIRMISH DOWN UNDER).

NAME _____ **MALE/ FEMALE** _____ **DATE OF PLAY** _____

ADDRESS _____ **TOWN** _____ **POST CODE** _____

PHONE _____ **EMAIL** _____

SIGNATURE _____

WITNESS NAME & SIGNATURE _____

I heard about Skirmish Down Under by: WORD OF MOUTH DISCOVER MAG

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Marker Signed Out by _____ **at** _____ **Marker Signed In by** _____ **at** _____