

# Lincolnshire Airsoft Club

[Ask about membership](#)

## INSURANCE WAIVER

All participants including spectators MUST each complete a form. (Not applicable to LAC Members)

Under 18s MUST get Parent or Guardian to complete form.

PLEASE PRINT NAME IN CAPITAL LETTERS ONLY

I,

Name		Date of Birth	
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Residing at

Address		Post Code	
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\* Delete as applicable

Would like to be a participant/spectator\* at the LINCOLNSHIRE AIRSOFT CLUB activities

at Combat Zone dated:  and I understand that:-

1. The activity is physically and mentally intense and may require extreme exertion to play.
2. The activities may be dangerous if not played in accordance with the stated rules which I have read, Understood and agreed to.
3. The possibility of injury to myself and others exists.
4. I must declare any medical conditions that may affect my participation in this activity.

### I confirm and agree that:-

1. I am fully aware of the risks to myself and others involved whilst engaged in airsoft activities at LINCOLNSHIRE AIRSOFT CLUB and that I will **NEVER** under any circumstances, deliberately shoot anyone in the face or head purely for the sake of inflicting pain.
2. I am physically fit and mentally able to take the strain and exertion involved in playing the games.
3. I will comply with LINCOLNSHIRE AIRSOFT CLUB **RULES** and use the equipment as instructed and not so as to **DELIBERATELY** injure or hurt others and will obey all directions of the marshals.
4. I will wear my eye protection and not remove them whilst in the activity area where the games are being played, and may only remove my eye protection in designated safe areas where the marshals advise. It is my own responsibility should I choose, not to wear the recommended eye protection in the form of a full face mask (under 18s however, **MUST** wear a full face mask under law). **The minimum UK safety standard acceptable for use of safety/shooting glasses at LINCOLNSHIRE AIRSOFT CLUB is EN166F.** If I insist on using eye protection that is not EN166F compliant, LINCOLNSHIRE AIRSOFT CLUB can not be held responsible in any way, shape or form.

### Release:

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

I make this release on behalf of myself, my heirs, executors, assigns and administrators.

**As well as being responsible for booking issued equipment back in and any debts generated whilst playing airsoft at LINCOLNSHIRE AIRSOFT CLUB i/e site fees / BB's / hire of equip / Damage or loss.**

Signature

CONTACT PHONE NUMBER

[www.Lincolnshireairsoftclub.co.uk](http://www.Lincolnshireairsoftclub.co.uk)



## Under 18`s Indemnity Form

\* Insert name of participant

I the undersigned indemnify the owner, Lincolnshire airsoft club Airsoft, and all their representatives, employees and officers from any and all claims, notions, suits, procedures, costs, expenses, damages and liabilities, including solicitor's fees arising out of, connected with or resulting from \_\_\_\_\_\* taking part in any training courses, airsoft games or use of any equipment.

Including without limitation the manufacture, selection, delivery, possession, use and operation of the equipment for its intended use or otherwise not intended use.

I undertake that the person \* named above will always act only in accordance with the safety rules and suggestions presented to them.

I understand and accept that intense physical and mental exertion may occur during the training course and airsoft scenarios, and therefore I further warrant that the person named above has no medical or mental condition or complaints that in any way may endanger his/her self or other members of the event.

I the undersigned have read and fully understand the above participates in this event at their and my own risk.

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: (NOT REQUIRED IF ADDRESS THE SAME AS OVERLEAF)

\_\_\_\_\_  
\_\_\_\_\_

POSTCODE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_