

# Lincolnshire Airsoft Club

Ask about membership

## INSURANCE WAIVER

All participants including spectators **MUST** each complete a form. (Not required by 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/ \*The Farm 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, intentionally 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/ INTENTIONALLY** injure or hurt others beyond that of reasonable play and will obey all directions of the marshals.
4. Photography and or Videography. Tick Box if you do not give permission for your Image to be taken by Photography and or Videography  Tick Box if you intend to carry out Photography and or Videography
5. 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)

## COVID-19 QUESTIONNAIRE / SELF-DECLARATION

**Marshal / Player / Visitor** \* circle as necessary

In the interest of the Safety and Health of all persons use this site, their families and the extended community, Lincolnshire Airsoft Club request that you complete the following questionnaire / self-declaration. Your co-operation and support are appreciated.

If you answer 'yes' to the questions (1-5) you will be requested not to enter this site as a precautionary measure in order to minimise any possible transmission of the virus and you are advised to seek medical advice to follow the medical advice given before returning to work.

QUESTION	ANSWER
1. Do you have symptoms of a new continuous cough, fever, high temperature, sore throat, runny nose, loss of, or change in, sense of smell or taste (anosmia), breathlessness or flu like symptoms now or in the past 14 days?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2m for more than 15 minutes accumulative in 1 day)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you been advised by a doctor or NHS 111 to self-isolate at this time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you travelled or been in close contact with someone who has travelled or returned overseas, in the last 14 days	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. I will maintain "Social Distancing (>2 meters) from anyone at the facility and where this is not possible will implement additional control measures such as a face covering or mask (RPE)	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. I will maintain good levels of personal hygiene, in line with medical guidance, while on the premises and understand that, should I develop symptoms associated with COVID-19 while on site or undertaking work related activities , I must inform a member of management immediately and self-isolate	Yes <input type="checkbox"/> No <input type="checkbox"/>

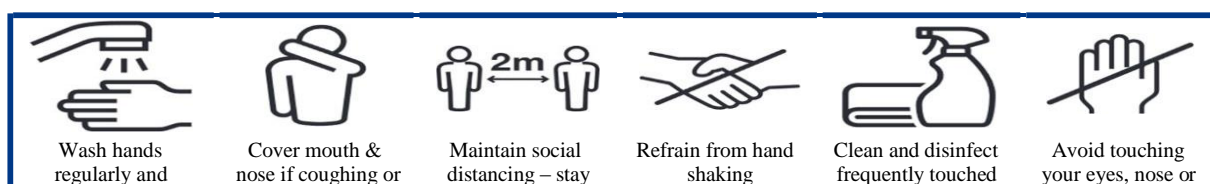
I hereby confirm that I have answered the above questions truthfully and honestly based on my current knowledge and condition.

\*\* <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

GDPR – Under the current guidelines this form will be retained for a period of not less than 21 days from the date below.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Date: \_\_\_\_\_





## 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 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. I also am aware of what policies and protocols are currently emplaced by Lincolnshire Airsoft Club and agree with them (see overleaf)

Lincolnshire Airsoft Club frequently takes photographs/videos of Airsoft players participating in events and related activities and although these are taken whilst a Minor (under 18) face is obscured, there are occasions where this may not be possible.

These images may have to potential to appear in Electronic media publications such as Facebook, Instagram and Twitter, they may be seen in promotional videos, website newsrooms, including the Lincolnshire airsoft Club website to promote and aid recruitment membership for Lincolnshire Airsoft Club. All images are taken and stored within the limitations of the Data Protection Act. Home addresses are never released by Lincolnshire airsoft Club to any form of the media.

I CONSENT  DO NOT CONSENT  \* tick as appropriate  
to the above named applicant's images being used to promote the Activity of Airsoft and Lincolnshire airsoft Club.

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

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

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

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

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

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



## Safe Guarding Code of Conduct at Lincolnshire Airsoft Club (LAC)

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- LAC Will** keep to this Code of Conduct at all times.
  - LAC Will** set an example for others to follow.
  - LAC Will** treat all young people equally, i.e. not show undue favouritism.
  - LAC Will** ensure that activities will involve more than one other person being present, or at least within sight and hearing of others.
  - LAC Will** avoid unacceptable situations within a relationship of trust, e.g. a sexual relationship with a young person even one who is over the age of consent.
  - LAC Will** allow young people to talk about any concerns they may have.
  - LAC Will** encourage others to challenge attitudes or behaviours they do not like.
  - LAC Will** make everyone aware of our safeguarding arrangements.
  - LAC Will** remember this code at sensitive moments, e.g. when helping someone who has been bullied, bereaved or abused.
  - LAC Will** tell other staff where you are and what you are doing.
  - LAC Will** remember someone else might misinterpret your actions, even if you mean well.
  - LAC Will** take any allegations or concerns of abuse seriously and refer them to LAC Management.
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- LAC Will Not** trivialise abuse.
  - LAC Will Not** form a relationship with a young person that is an abuse of trust, e.g. contacting young persons through personal accounts directly when not business related.
  - LAC Will Not** drink alcohol when you are directly responsible for young people.
  - LAC Will Not** take part in inappropriate behaviour or contact, whether physical, verbal or sexual.
  - LAC Will Not** make suggestive remarks or threats to a young person, even in fun.
  - LAC Will Not** use inappropriate language when writing, phoning, emailing or using the internet.
  - LAC Will Not** let allegations, suspicions, or concerns about abuse go unreported.

We are committed to reviewing this policy on a yearly basis.