

CHILD'S NAME _____

DATE OF BIRTH _____



PARTICIPANT WAIVER

I (the undersigned, as the parent/guardian of the above-named child) acknowledge and accept that;

1. The risk of injury from the activities involved with the 'Event*' (*all activities run by Assault Your Senses Ltd) is possible, including (but not limited to) the following; sprains, strains, fractures, heat & cold injuries, over-use injuries, animal bites/stings. Whilst Assault Your Senses Ltd has robust systems & processes in place to mitigate this, the risk of injury does exist.
2. After opportunity to fully inform myself about the 'Event', I knowingly accept all such risks exist – and assume responsibility for my participation in the 'Event'.
3. Upon viewing the video safety brief OR receipt of a verbal safety brief from the Playmaker/s on duty, I confirm that I understand & will adhere to all of its content during my participation in the 'Event'.
4. I attest and verify that I am free from all illnesses – including Covid19 - & injuries that could interfere with my safe participation in the 'Event', and that I am physically fit and sufficiently prepared to participate in all activities associated with the 'Event'.
5. My participation in Assault Your Senses Ltd 'Events' is entirely voluntary.
6. If I observe any unusual and/or significant hazard during my presence/participation, I will remove myself and bring such hazard to the attention of the nearest Playmaker.
7. I consent to administration of first aid (by a first aid-trained Playmaker) in the event of injury or illness during the 'Event'.
8. Unless I make it known to the contrary prior to the session commencing, I give consent for any photos or videos taken by Playmakers during the 'Event' to be used by Assault Your Senses Ltd on their website & social media channels.

NAME OF PARENT/GUARDIAN _____

SIGNATURE _____

CONTACT NUMBER _____

EMAIL ADDRESS _____

DATE _____