

For use by **Edinburgh Combat Challenge**: Team/Gun number/Gun type

## **Edinburgh Combat Challenge**

**Disclaimer, under 16s for participation in an infra-red laser gaming activity**

### **NO FORM – NO PLAY**

**The parents/legal guardian/responsible adult of the child named below must fill out this form.**

Child's full name \_\_\_\_\_

Age \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Child's DOB \_\_\_\_\_

Date of session \_\_\_\_\_

Person to contact in an emergency \_\_\_\_\_

Mobile \_\_\_\_\_

## **COVID-19**

**I confirm that over the 14 days prior to the session date the participant has:**

**Shown no signs of the symptoms of COVID-19 - Loss of taste/smell, high temperature, a new continuous cough.**

**Not had any known exposure to COVID-19 through family members, friends or anyone in their household.**

**I also confirm the participant is not currently part of a shielding group.**

**Please sign here \_\_\_\_\_**

**Medical statement to be completed by parents/guardian for child named above.**

**Please circle answers.**

Is your child fit and healthy and able to participate in the named activity? YES NO

*Please answer the following questions by circling the answer. If you answer YES to any of the questions; please give further details below in the space provided.*

Does your child have any conditions that need treatment or medication? YES NO

Has your child had an operation in the last 12 months that could by participation in this activity aggravate the object or area of the operation? YES NO

Does your child have any of the following?

- Any major illness YES NO
- Blackouts/Headaches/Dizziness YES NO
- Allergies to bites, food or medicine YES NO
- Asthma/Bronchial illness\*see below YES NO
- Pregnancy YES NO
- Recent injuries/operations YES NO
- Epilepsy YES NO
- Diabetes YES NO
- Heart complaints YES NO
- Back/neck complaints YES NO
- Learning disabilities YES NO
- Physical disabilities YES NO
- High blood pressure YES NO
- Any other condition that may be aggravated by this activity YES NO

Please note we cannot allow players with Asthma or a Bronchial illness to participate if they are not carrying an inhaler with them in the event they may need it.

Any other information \_\_\_\_\_  
(please continue overleaf)

**Disclaimer Notice – must be completed by parents/legal guardian/responsible adult of child named above in order to play**

Edinburgh Combat Challenge activity is a physical, outdoor, all weather activity which obviously has inherent hazards associated with it. Whilst Edinburgh Combat Challenge take all necessary precautions to try and ensure safety of all participants, unfortunately accidents, trips, falls, collisions may occur in consequence. Our activity takes place in woodland with tree stumps, uneven and slippery ground, surfaces, loose branches, roots, dead wood and leaves, mud and structures in all weathers during the day and until 8pm at night (in summer months but earlier during winter months).

Each participant should familiarise themselves with the hazards and try and minimise these as much as possible by complying with our risk management guidelines, rules of the game, safety briefing, instructions and guidelines. Please ensure all participants wear suitable clothing and footwear. The management accepts no responsibility whatsoever for any loss or injury resulting from any person's involvement in Edinburgh Combat Challenge activity. Furthermore, it is understood and agreed that individuals participate at their own risk. For under 16's, we require a parent/ legal guardian/responsible adult to sign the disclaimer.

**I fully understand the risks involved in the above named child participating in Edinburgh Combat Challenge and I have read the above. I consent to emergency medical treatment being given if deemed necessary during the activity. Also I confirm the above named child is not under the influence of alcohol or drugs.**

**We may take photographs and use these for promotional purposes. If you do NOT wish this child to be included in these photographs please tick this box.**

**Signed \_\_\_\_\_ Date \_\_\_\_\_**