



INSURANCE WAIVER

To be completed in full before playing at
OPERATION BREAKPOINT 2019.

All persons wishing to play or watch the game **MUST** complete this form.

MINIMUM AGE TO PLAY IS 18 YEARS OLD

OPERATION BREAKPOINT

PLEASE PRINT IN BLOCK CAPITALS

NAME		D.O.B	
ADDRESS			
EMAIL			
TELEPHONE		POST CODE	

I want to play at OPERATION BREAKPOINT 2019 and sign this document in consideration of being given the opportunity to engage in this activity. I understand that:-

1. The game is physically and mentally demanding and may require some exertion to play.
2. The games may be dangerous if not played in accordance with the stated rules which I have read and understood. The use of pyrotechnics is done so at my own risk.
3. The possibility of injury to me and others exists.
4. I am fully aware of the risks to myself and others involved in playing at OPERATION BREAKPOINT 2019.

I confirm and agree that:-

1. I am physically fit and mentally able to take the strain and exertion involved in playing the games and informed OPERATION BREAKPOINT Staff of any Medicine or Medical Conditions I have.
2. I will comply with event rules and use the equipment as instructed and not so as to injure or hurt others and I will obey all directions of the Marshals or Judges.
3. I will wear my face protection and not remove it whilst in the Game area. I understand that I may only remove this protection in areas where the marshals advise. It is my own responsibility if I choose not to wear recommended face protection and choose shooting glasses which I wear at my own risk. If I do not have suitable eye protection, I understand, I will not be able to take part.

Release:

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

And I make this release on behalf of Myself, My Heirs, Executors, Assigns and Administrators.

I am aware that I am responsible for returning any issued or rented equipment, and am responsible for any loss or damage incurred whilst this equipment is in my charge.

Signed		Print	
Date		Reference No:	

Signed		Date	
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