



ACTION PURSUIT GROUP INDEMNITY FORM
Tel. 021 790 7603

Parents, please note this form must be completed and signed and handed in at the field
Minimum Recommended Age for Paintball Games - players should be turning 11 (eleven) in the current year.
Minimum Recommended Age for Lasertag - players should be turning 6 (six) in the current year.

I hereby indemnify the owner of Action Pursuit Group cc (APG), its directors, staff members, sub-contractors and land-owners on whose property any activity may be hosted, from any and all claims, notions, law-suits, procedures, costs, expenses, damages and liabilities, including lawyer's fees and accrued interest arising out of, connected with, or resulting from my children participating in any activity or event hosted or organized by APG. I understand and accept that intense physical and mental exertion may occur during the course of these activities and therefore I further warrant that I and / or my children, do not have any medical conditions that in any way may endanger myself and / or other participants, prior to, during and /or after participating in the activities. I further grant APG and its representatives the right to photograph me and to reproduce, use, exhibit, display these images in any media now known or later developed for promoting, publicising or explaining APG and its activities and for administrative, educational or marketing purposes. I acknowledge that APG owns all rights to the images. I hereby release, indemnify and hold harmless APG employees or agents from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials, including but not limited to claims of defamation, invasion of privacy, or rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

NOTE: Persons wishing to sign consent for children other than their own, must ensure that they have the other parent's consent to do so. NB If asthmatic, please ensure that the participant has an asthma pump with them.

Child's Name: _____ Date of Birth: _____

Name: _____ Signature _____

Parent's contact number/s: _____

Email: _____

Medical conditions (if any) _____

Date: _____