



**RELEASE OF LIABILITY AGREEMENT**  
**FOR DAY MEMBERS AGED BETWEEN 16 – 17 YEARS (MINORS)**

*This form is to be completed and signed both sides by the Parent or Legal Guardian of any minor (a person under the age of 18 years) and returned to a representative of the Tauranga Airsoft Club Incorporated PRIOR to the minor being permitted to take part in ANY combative or non-combative Airsoft activity at any game event organised by the Tauranga Airsoft Club Incorporated regardless of whether they hold a firearms licence.*

**Full name of Minor:** \_\_\_\_\_ **Age:** \_\_\_\_\_ (min age is 16 years with a firearms licence) **D.O.B.** \_\_\_\_\_ .

**ACKNOWLEDGEMENT OF RESPONSIBILITY FOR PERSONALLY SUPPLIED EQUIPMENT:**

1. I acknowledge that my minor child must wear eye protective devices (EPD's) of the **FULL FACE CONTACT GOGGLE TYPE** with solid lenses (no mesh) for maximum eye protection at all times;
2. I acknowledge that I will only supply my minor child with quality EPD's from a reputable source and that they must be Impact Rated and of a Wrap Around Design to meet one of the recognised safety standards below or the equivalent:
  - ASTM F2879-16 Eye Protective Devices for Airsoft Sports.
  - ANSI Z87.1-2015 with the + rating for high impact (i.e. marked Z87+).
  - U.S. MIL SPEC, MIL-PRF-32432 for ballistic goggles.
  - CE EN 166:2001 Mechanical Strength A or Mechanical Strength B.
  - AS/NZS 1337.1:2010 rated for High Impact V or B, OR rated for Extra High Impact A (not Medium Impact which has an I symbol).
3. I acknowledge that my minor child's eye protection is their personal responsibility at all times. Failure to wear eye protection properly and when required will expose the minor child to a greater risk of serious eye injury;
4. In addition to EPD's, I acknowledge that I will supply my minor child with hard face protection (i.e. a mask) to protect their nose, lips, mouth, teeth and ears, and that they must wear this as well as their eye protection. The mask must be mesh or some other hard surface. Cloth or neoprene face covers are not sufficient.
5. I acknowledge that Tauranga Airsoft Club Incorporated does not allow the use of mesh eye wear or work wear type safety glasses at any time.

**ACKNOWLEDGEMENT OF RISKS**

I acknowledge that some, but not all, of the risks of participating in the Airsoft activity include;

1. That there are no New Zealand eye wear safety standards specific to the sport of combat Airsoft and that it is incumbent upon the participants of the Airsoft activity to make informed decisions about their eye safety;
2. Eye damage or blindness or loss of one eye or both eyes from airborne BB pellets due to failure to wear proper safety eye wear or faulty safety eye wear;
3. Dislodgement or removal of safety eye wear whether on purpose, accidentally or by other force which may lead to eye damage or blindness or the loss of one eye or both eyes from airborne BB pellets;
4. Broken teeth from airborne BB pellets;
5. Facial bruising or facial lacerations from airborne BB pellets;
6. Bruising or lacerations to any part of the body from airborne BB pellets;
7. Physical intrusion into body cavities such as the mouth, nostrils and ears from airborne BB pellets;
8. Heat or sun related illnesses, including sunburn, sunstroke or dehydration;
9. Tiredness and fatigue from moderate to extreme physical exertion;
10. Lack of physical fitness;
11. The presence of insects and other noxious flora or fauna;
12. Injury from any other hazard that may exist on the game field such as but not limited to vehicles, barriers, barricades, buildings, rivers, streams, drains, trees, scrub, log piles, cliffs, steep banks, holes, long grass or slippery surfaces;
13. Becoming lost whether on the game field or from crossing a field boundary whether marked or not;
14. Aggression or unbecoming conduct by another player.

I agree to assume responsibility for all risks of the activity, whether identified or not. My minor child's participation in this activity is purely voluntary.

**RELEASE**

I hereby release Tauranga Airsoft Club Incorporated, its executive members, committee members, officers, agents, game event marshals and volunteers, their insurers and each and every owner, municipal and/or government agency upon whose property an activity is conducted ("owner") and their insurers, if any, (collectively "releasees") from any and all liability of any nature for any and all injury or damage (including death) to my minor child and other persons as a result of my minor child's participation in the activity, even if caused by the negligence of the releasee named above, or any other person.

I have read this assumption and acknowledgement of responsibility for personally supplied equipment and acknowledgement of risks and release of liability agreement. I understand by signing this document, I am waiving valuable legal rights, including any and all rights I may have against Tauranga Airsoft Club Incorporated, its executive members, committee members, officers, agents, game event marshals, servants or volunteers.

**Full name of Parent/Guardian:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ .

Please turn over, fill in and sign the medical treatment form on page 2. Both pages need to be signed.

**IN THE EVENT OF MEDICAL TREATMENT BEING REQUIRED**

In the event of illness or injury, having parental responsibility for the minor child below, I give permission for medical treatment to be administered where considered necessary by a nominated first aid provider or by suitably qualified medical practitioners.

If I cannot be contacted and the minor child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

**NAME OF MINOR**

AGE \_\_\_\_\_ (min age is 16 years with a firearms licence) D.O.B. \_\_\_\_\_ MALE / FEMALE Please circle one

**HOME ADDRESS**

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

**PRIMARY PHONE**

**ALTERNATIVE PHONE**

**PARENT / GUARDIAN NAME**

**RELATIONSHIP TO MINOR**

**ADDRESS**

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

**PRIMARY PHONE**

**ALTERNATIVE PHONE**

**SECONDARY CONTACT PERSON**

**RELATIONSHIP TO MINOR**

**ADDRESS**

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

**PRIMARY PHONE**

**ALTERNATIVE PHONE**

Details of any known allergies, medical conditions or medicine being taken

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

Any other special needs and information that Tauranga Airsoft Club Incorporated should be made aware of

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

**Full name of Parent/Guardian:**

**Signature:**

**Date:**

For further information on club rules and policies please refer to the Tauranga Airsoft Inc. website:

[www.taurangaairsoftclub.co.nz](http://www.taurangaairsoftclub.co.nz)