AIRSOFT CLUB POTCHEFSTROOM

UNDER 18 PERMISSION

I, (Name and Surname)…….……..…….
being the legal parent and or guardian of (Name and Surname)…..……
hereby give my express permission for him/her to participate in the event or activities organised by the Airsoft Club Potchefstroom.

I have read and understand the club disclaimer clause as set out in the signed indemnity form and acknowledge that my child/ren and or dependant/s is/are participating **AT OWN RISK**.

ID NUMBER: ……

FULL NAME AND SURNAME: ……

…… ……
SIGNATURE **DATE**

…… ……
ON BEHALF OF THE CHAIRPERSON ACP **DATE**

…… ……
WITNESS 1 **WITNESS 2**