



## PARTY INVITATION

To: \_\_\_\_\_

You have been invited to:

\_\_\_\_\_

Birthday Party

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Place: S.W.A.T. Paintball \_\_\_\_\_

Helderberg Instant Lawn Farm Entrance 2, \_\_\_\_\_

Broadlands Road, Strand \_\_\_\_\_

Please RSVP: \_\_\_\_\_

by: \_\_\_\_\_

Parents!

Please sign the indemnity form as an incomplete form invalidates our field insurance in which case your child may not participate.

I hereby indemnify the owner of S.W.A.T. PAINTBALL, 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 or children participating in any activity or event hosted or organized by S.W.A.T. PAINTBALL. 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 me and / or other participants, prior to, during and / or after participating in the activities.

**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.**

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent's contact number/s: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Medical conditions (if any): \_\_\_\_\_

**NB! If asthmatic, please ensure that the participant has an asthmatic**

Visit [www.swat-paintball.co.za](http://www.swat-paintball.co.za) for directions