Parental consent Fo	rm:	
I,	_, hereby appoint	as the temporary lawful
Parent guardian of my child	Attending guardi	an of Sept. 17, 18, 19, 2021 while
child'	's name	cop.:, .e, .e, _ee
attending Operation Mirage		
		t of USA Marketing, Event venue byees and event attendees against any claims or
insurance covering my child no While security personnel may solely responsible for the safe I, the parent, therefore assume manage/ownership, event spo arising from any loss suffered of limbs and death and agree	or my child's property, and it is our so be available for the purpose of safeg keeping of his/her own property while e the responsibility to indemnify, defe insors and their respective employees by my child. I understand that the na	nanagement/ownership, event sponsors maintain ble responsibility to obtain such insurance if needed. uarding the general public at the Event, my child is attending the Event during and after Event hours. In and hold Best of USA Marketing, Event venue is and event attendees harmless against any claims ture of airsoft game may cause serious injuries, loss sponsors, event venue management/ownership such instances.
to conduct himself/herself app event sponsors he/she may be whole or in part. Without limiti without the express, prior writt of illegal drugs shall also resul inspection of my child's wares guardian of my child indemnify	ropriately in the opinion of Best of US asked to leave the Event at any time ing the generality of the above, the potent permission of Best of USA Market in immediate expulsion. In order to by a duly authorized agent of Best of	ssional and courteous manner. Should my child fail is A Marketing, Event venue manage/ownership, and e without any right to a refund or fees, either in essession of any firearm or weapon at the Event ing shall result in immediate expulsion. Possession uphold these provisions, I hereby grant reasonable I USA Marketing. I, the parent and/or the legal ent sponsors, Event venue manage/ownership, and use conditions.
Parent Printed Name	Signature	Date
Guardian Printed Name	Signature	Date
Acknowledgment:		
State of C	County of	
0.0	bafara ma	
(date)	before me, _	(print name and title of Officer)
personally appeared	(print person(s) nam	, who proved re(s))
instrument and acknowledge	ectory evidence to be the person(s) ed to me that he/she/they executed s/her/their signature(s) on the instr	whose name(s) is/are subscribed to the within the same in his/her/their authorized ument the person(s), or the entity upon behalf
I certify under PENALTY OF is true and correct.	PERJURY under the laws of the Se	ate ofthat the foregoing paragraph
WITNESS my hand and offic	ial seal.	

(Seal)

Signature _____