



FORTNITE TOURNAMENT – PARENTAL CONSENT FORM

For players between the ages of 16 – 13

Participant Information:

Full Name of Child/Participant (First/Middle Last) _____

Date of Birth ____/____/____ Gender _____ Age _____

Home Address _____

City _____ Province _____ postal code _____

Cell Phone #: () _____ Alternate Cell Phone #: () _____

Health Issues/Allergies/Activity Restrictions/Medications _____

Required Emergency Medical Information:

Health Insurance () Yes () No Company _____ Policy # _____

Primary Insured _____

Family Doctor _____ Office Phone # _____

Parent Information:

Name of Parent(s) /Legal Guardian: _____

Address (if other than Participant) _____

City _____ Province _____ Zip _____

Home Phone # () _____ Alternate Phone # () _____

Email Address _____

PERMISSION FOR PARTICIPATION IN FORTNITE TOURNAMENT, RELEASE OF LIABILITY

I, the undersigned, certify that I am the parent or legal guardian of the above mentioned Participant. I hereby authorize my minor child named above to attend and participate in The Fortnite Tournament held in the Gaming Entertainment Pavilion at the Rand Show.





I understand that the Film and Publication Board age rating for the Fortnite game in South Africa is 16 and that participants must be 16 and over to play. Furthermore that the international rating for the Fortnite game is 13 and as such I will be present at all times when my child is competing.

I understand that my minor child must obey all established rules & regulations and follow the instructions of the person/s in charge of the Fortnite Tournament. I consent to and understand that the person in charge of the Fortnite Tournament or officials have the right to dismiss my child if in their opinion is a hazard to the safety and well-being of others and themselves.

Prior to the participation of my minor child, I acknowledge that there are certain risks associated with playing video games, including, for way of example, violent scenes and competitive intensity. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Accordingly, I acknowledge that participation in such activities involves certain risks which may expose my child to psychological and physical violence. By signing this parental consent and liability form, I expressly warrant that my child named above is capable of withstanding both the physical and mental demands associated with any stage of the Fortnite Tournament which s/he is registered. I also expressly assume all risks to my child's participation in the Fortnite Tournament, whether such risks are known or unknown to me at this time. In recognition of these risks and realities, and in consideration of my child being offered the opportunity to participate in and benefit from the Fortnite Tournament, I agree on behalf of myself and my child to release, waive, and disclaim any and all liabilities of or claims against, Rand Show, Epic Games, its officers, board members, agents, faculty, employees, and all private persons or organizations including, but not limited to any or all liabilities or claims for personal injury, property damage, court costs, attorneys' fees and interest, however, caused or accrued, as a result of my child participating in the Fortnite Tournament.

MEDIA RELEASE

I hereby give Rand Show and their legal representatives and assigns, the right and permission to photograph, digitally record, videotape, or audio tape, my above named child while s/he is attending and participating in any activities in the Gaming Entertainment Pavilion occurring at the Rand Show. I further agree that any or all of the material recorded may be used, in any form, in publications, including electronic publications, or in audio-visual presentations, promotional literature, advertising, or in other similar ways, and that such use shall be without payment of fees, royalties, special credit, or other compensation. I understand that all such recordings, in whatever medium, shall remain the property of Rand Show.

MEDICAL AUTHORIZATION / CONSENT FOR A MINOR

I recognize that there may be an occasion where the minor child named above, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. Therefore, By signing below I authorize any Rand Show medic or staff member, to provide immediate medical treatment that is deemed necessary for my child. Furthermore they shall have the authority to consent to such medical treatment, on my behalf. I agree to assume responsibility for the charges for such care as rendered to the above named minor child.





As parent or legal guardian of my minor child (Participant named above), I am responsible for the health care decisions of my minor child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for dental, medical, and/or hospital care or treatment to be rendered to my minor child is legally sufficient and that no consent from any other person is required.

As far as I am aware my child is physically capable of participating in the said gaming tournament and he/she is in good health. However, the persons responsible should please note the following: [Please state aspects that the officials should be aware of, e.g. allergies, tendency towards abnormal bleeding, epilepsy, etc.]

SIGNATURE OF PARENT/GUARDIAN

DATE

