

THIS IS A RELEASE OF LIABILITY
RELEASING US FROM ANY INJURY OR DEATH RESULTING FROM
ACTIVITIES AT PAINTBALL VALLEY.

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY PAINTBALL EVENT AT PAINTBALL VALLEY.

Participant's Name: _____ Date of Birth: _____
(Please print name)

IN CONSIDERATION of being permitted to participate in any way in the sport and activities of paintball, under the rules and regulations of **PAINTBALL VALLEY**, I acknowledge, appreciate and agree that:

1. The risk of injury from the activity and weaponry involved in paintball is significant, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk; the risk of serious injury does exist;
2. **I KNOWING AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE** of those persons released from liability below, and I assume full responsibility for my participation, and;
3. I understand that the activities of paintball are physically and mentally intense. I understand the rules of play and will comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the management as soon as practical, and;
4. I, for myself and on the behalf of my heirs, assigns, personal representatives and next of kin, **HERBY RELEASE AND HOLD HARMLESS PAINTBALL VALLEY, THE OWNERS AND LESSORS OF THE PREMISES** used to conduct the paintball activities, their **OFFICERS, OFFICIALS, AGENTS and/or EMPLOYEES (known as "Releasees") WITH RESPECT TO ANY INJURY, DISABILITY, DEATH**, or loss or damage to person or property, **WEATHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

(Participant's Signature) (Date)

(Address) (City, State) (Zip)

FOR PARTICUPANTS OF MINORITY AGE (UNDER 18)

This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree not only to his/her release of **RELEASEES**, but also to release and indemnify the **RELEASEES** from any and all liabilities to his/her involvement in these programs for myself, my heirs, assigns and next of kin.

(Parent/Guardian's Signature) (Date) (Emergency Phone #)