

Paintball Release Form

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

Name: _____ (Please Print)

Date of Birth: _____

IN CONSIDERATION of being permitted to participate in any way in the sport and activities of paintball under the auspices of CEDAR SPRINGS CAMP, I acknowledge, appreciate and agree that:

1. The risk of injury from the activity and weaponry involved in paintball is significant, including the potential of permanent disability and death, and while particular protective equipment and personal discipline will minimize the risk, the risk of serious injury does exist:
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons releases from liability below, and 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 attentions of the nearest official as soon as practical; and
4. I, for myself and on behalf of my heirs, assigns personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS CEDAR SPRINGS CAMP, and any of it's staff whether paid or volunteer, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASES OR OTHERWISE, except that which is the result of gross negligence and wanton misconduct.
5. I understand and agree that this Release of Liability Agreement covers each and every paintball activity and event in which I participate hereafter.

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

Participant's Signature

Date Signed: _____

Parent/Guardian Signature

Date Signed: _____

Emergency Phone Number (s)