

Splat Zone Paintball, LLC

www.splatzone.net

(318) 309-4152

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Print Name of Participant _____

Email Address: _____

In consideration of participation in the game of Paintball or Bazooka Ball provided by Splat Zone Paintball, I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity.

I fully understand and acknowledge that risks and dangers exist in my use of paintball equipment and my participation in paintball activities. I fully understand my participation in such activities and/or use in such equipment may result in injury or illness including, but not limited to bodily injury, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability. I fully understand these risks and dangers may be caused by the negligence of the owners, employees, officers, or agents of Splat Zone, the negligence of participants, the negligence of others, accidents, breaches of contract, forces of nature or other causes. These risks and dangers may arise from foreseeable and unforeseeable causes. I fully understand by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of Splat Zone, or any other person.

I agree to indemnify, hold harmless and release Splat Zone from any damage to my property resulting from the delivery, set up, use or removal of the paintball/Bazooka Ball equipment.

I have read this document and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT I AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE SPLAT ZONE FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Date: _____

Signature of participant (if 18 years of age or over) _____

Parental Consent and Medical Release for persons under 18 years of age

If the participant is of minority age; I, the undersigned minors parent and/or legal guardian, understand the nature of the above referenced activities and the minors experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby voluntarily agree to release, waive, hold harmless, defend and indemnify Splat Zone and it's owners, agents, officers and employees, or any other person from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise on my and my minors account which may arise out of the minors use of paintball equipment or the minors participation in paintball activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I, or the minor may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of Splat Zone.

MEDICAL PERMISSION AUTHORIZATION

If the participant is of minority age, the undersigned parent or guardian gives permission for Splat Zone to authorize emergency medical treatment as is deemed.

Participant minimum age: 10 years old for paintball, 5 years old for Bazooka Ball

Date: _____ Emergency Phone #: _____

Signature of Parent/Guardian _____