

CAMP GRACE PAINTBALL WAIVER AND RELEASE OF LIABILITY

YOU MUST BE 12 YEARS OR OLDER TO PLAY PAINTBALL!!

PARTICIPANT'S NAME _____ DATE OF BIRTH _____

PARTICIPANT'S AGE _____ PARTICIPANT'S GRADE _____

CAMP SESSION OR RENTAL DATE _____

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

1. The risk of injury from the activity and weaponry involved with 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 KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released 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 attention 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 FROM LIABILITY CAMP GRACE (the owners and lessors of premises used to conduct the paintball activities), their officers, officials, agents and/or employees, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or 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 I SIGN FREELY AND VOLUNTARILY WITHOUT ANY INCUEMENT.

***** PLEASE PRINT LEGIBLY *** PLEASE PRINT LEGIBLY*****

Participant's Signature _____ Date Signed _____ Phone # _____

Address _____ City/State _____ Zip Code _____

***If under 18 Years of Age A Parent or Guardian Must Read This Form and Sign Below *
PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)**

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

X _____
PARENT/GUARDIAN SIGNATURE EMERGENCY PHONE # DATE SIGNED