

PAINTBALL BUSINESS ASSOCIATION INSURANCE PROGRAM

WWW.PAINTBALLINSURANCE.COM

Field: **PAINTBALL SPORTSLAND INC. = PBSL** phone 301-898-1100
RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK
(Read before signing)

IN CONSIDERATION of being permitted to participate in any Paintball and/or Airsoft activities including, but no limited to, playing, using the premises of, renting and operating equipment leased, sanctioned and/or operated by the above named vendor, I acknowledge and agree that:

I fully understand and acknowledge that:

1. Risk and dangers exist in my use of Paintball and/or Airsoft activities; 2. My participation in such activities and/or use of such equipment may result in my 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; 3. These risks and dangers may be caused by the negligence of the owners, employees, officers or agents of PBSL, the negligence of the participants, the negligence of others, accidents, braches of contract, the forces of nature or other causes, These risks and dangers may arise from foreseeable or unforeseeable causes; 4. 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 PBSL or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waiver, discharge, hold harmless, defend and indemnify PBSL and it's owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of Paintball equipment or my participation in Paintball and/or Airsoft activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers, or employees of PBSL.

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

(Name of Participant, PRINT ONLY Age Date of Birth Phone #

Signature of Adult Participant Address City, State, Zip.

For Participants of Minority Age, this is to clarify that I, as Parent, Guardian, Temporary Guardian with legal responsibility for this participant, do consent and agree not only to his/her releases, but also to release and indemnify from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns and next to kin.

Name of Minor PRINT ONLY Name of Parent or Adult Legal Guardian PRINT ONLY

Signature of Parent or Adult Legal Guardian or Temporary Guardian Date