Read Carefully

Waiver and Release of Liability

In consideration of Action Territory furnishing services and/or equipment to enable me to participate in paintball games, I agree to the following:

I fully understand and acknowledge that; (a) risks and danger exist in my use of paintball equipment and participation in paintball activities; (b) my participation in such activities and/or use of such equipment may result in my injury or illness including but not limited to body 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; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers, or agents of Action Territory, the negligence of others, accidents, breaches of contract, the forces of nature or other causes; and (d) 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 negligence or other conduct of the owners, agents, officers, employees of Action Territory, or any other person.

I on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Action Territory, and its 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 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 negligent acts or other conduct by the owners, agents, officers or employees of Action Territory.

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

_____ _____ _____
Signature Age Phone Number

_____ _____
Print Name Address

_____ _____ _____
City State Zip

_____ _____
Signature of parent/guardian Address of parent/guardian

_____ _____ _____ _____
City State Zip eMail