

# PAINTBALL /RELEASE OF LIABILITY FORM FOR MINORS (players age 10-17)

*Note: This form must be read and signed before the participant is allowed to take part in any paint ball event.*

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

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

1. The risk of injury from the activity and weaponry involved in paintball is significant, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize risk, the risk of serious injury does exist;
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN 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 will 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 representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS INDIAN CAVE YOUTH CAMP, their officers, officials, agents and/or employees ("releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILTY, DEATH, or loss of damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE, except that which is the result of gross negligence and/or wonton 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 VOLUNTARIALY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_ Date Signed \_\_\_/\_\_\_/\_\_\_

Participant's Signature

\_\_\_\_\_ Address

\_\_\_\_\_ City, State, Zip Code

## PARENT OR GUARDIAN MUST READ THIS FORM AND SIGN BELOW

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of Indian Cave Youth Camp 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 \_\_\_\_\_ Date Signed \_\_\_/\_\_\_/\_\_\_