

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**
2020

Please note that by signing this agreement, you give up the right to sue for any injury or damages howsoever caused.

TO: Bushwacker Paintball Games (“the Company”) and its Directors, Officers, Employees, Representatives, and Agents (collectively called “the Agents”).

I, _____ hereby sign this agreement on behalf of myself, my personal representatives, heirs and assigns.

1. I agree as a precondition to my participation in all events organized by “the Company” and/or “the Agents” including but not limited to PAINTBALL AND OR AIRSOFT (collectively referred to as “the Activities”) and in further consideration of “the Company” allowing me to do so, that I will be strictly bound by the terms of this Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement (“the Agreement”).
2. I acknowledge that “the Activities” involve **inherent risks and dangers that may cause serious injury and possible death to participants.**
3. I fully understand the risks and dangers associated with my participation in “the Activities” and **accept same entirely at my own risk.**
4. I hereby **waive any and all claims** which I may have against “the Company” and “the Agents” and release “the Company” and “the Agents” from **all liability** for injury, death, property damage or any other loss sustained by me as a result of my participation in “the Activities”, **due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care** by “the Company” and/or “the Agents”.
5. I appreciate that “the Agreement” limit’s the liability of “the Agents” to the same extent as it limit’s the liability of “the Company”, even though “the Agents” are not formal parties of “the Agreement”.

I also consent to any pictures taken of me while at the field to be used by Bushwacker Paintball Games as they see fit.

I AM 18 YEARS OF AGE OR OLDER, AND I HAVE READ AND UNDERSTAND “THE AGREEMENT”. I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE “THE COMPANY”AND/OR “THE AGENTS”AND THAT IT CONSTITUTES A RELEASE OF LIABILITY AND AN INDEMNITY FOR ALL CLAIMS.

Signature of Participant

Date

Witness Signature

Witness Name (print)

IF I AM THE PARENT AND/OR LEGAL GUARDIAN OF THE PARTICIPANT, I HAVE READ AND UNDERSTAND AND AGREE TO EXECUTE “THE AGREEMENT” ON BEHALF OF CHILD/WARD. I HEREBY AGREE TO INDEMNIFY AND SAVE HARMLESS “THE COMPANY”AND “THE AGENTS”FOR ANY AND ALL CLAIMS, BY ME OR ON BEHALF OR OUR SAID CHILD IN RESPECT OF, OR ARISING OUT OF, ANY NEGLIGENCE, BREACH OF CONTRACT, BREACH OF STATUTORY DUTY OF CARE AS IT RELATES TO ALL EVENTS ORGANZIED BY “THE COMPANY” AND/OR “THE AGENTS”.

Parent/Guardian Signature

Name of Child (print)

Parents Name (print)

Date

MEMBERS WAIVERS WILL BE VALID FOR YEAR OF SIGNING.

INITIALS OF MEMBER _____