

SPECIAL FORMS FOR MINORITY AGE PLAYERS 10-17

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY PAINTBALL EVENT

PARTICIPANTS NAME _____ DATE OF BIRTH ____/____/____

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

6. 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;
7. 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,
8. 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,
9. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE AMERICAN PAINTBALL LEAGUE (APL), CROSSFIRE PAINTBALL, INC. the owners and lessors of premises used to conduct the paintball activities, their officers, officials, agents and/or employees ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSE BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct.
10. 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 VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date Signed _____
Participants Signature

Phone Number (_____) _____

Address

City, State, Zip Code

PARENT OR GUARDIAN MUST READ THIS FORM AND SIGN BELOW

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 the American Paintball League (APL) 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'S SIGNATURE

Date Signed

(_____) _____
EMERGENCY PHONE NUMBER

EMERGENCY MEDICAL PERMISSION FORM FOR MINORITY AGE PLAYERS 10-15

The undersigned parent or guardian hereby gives permission, CROSSFIRE PAINTBALL, INC. to authorize emergency medical treatment as may be deemed necessary for the child named below, while playing paintball games at CROSSFIRE PAINTBALL, INC. from this date through year end.

Name of Player (age 10 to 15) Telephone _____

Address

City State Zip Code

X _____
Signature of Parent or Guardian

Hospitalization Insurance Policy Number

Insurance Company

