

RECREATIONAL ACTIVITY RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Please read and be certain you understand the implications of signing.

Express Assumption of Risk Associated with Recreational Activities.

I do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with the recreational activity generally described as Paintball, including the rental of equipment and transportation associated therewith of which I am about to engage in.

Inherent hazards and risks include but are not limited to:

1. Risk of injury from the activity and equipment utilized is significant including the potential for permanent disability and death.
2. Possible equipment failure and/or malfunction of my own or other's equipment.
3. This activity takes place outdoors and therefore includes risks associated with exposure to elements, excessive heat, hypothermia, impact of the body upon the water, injection of water into my body orifices, encountering objects either natural or man-made, exposure to animals with the attendant risks of kicking, biting, shying away, running off or otherwise moving in an unanticipated manner causing injury and/or death.
4. My own negligence and/or the negligence of others, including but not limited to operator error and guide decision making including misjudging terrain, rapids, weather, trails, and route location.
5. Attack by or encounter with insects, reptiles, and/or animals.
6. Accidents or illness occurring in remote places where there are no available medical failures.
7. Fatigue, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.

***I understand the description of these risks is not complete and that unknown or unanticipated risks may result in injury, illness, or death.**

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration for being permitted to participate in the activity(ies) described above the related activities, I hereby agree, acknowledge and appreciate that.

1. I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE, the following named persons or entities, herein referred to as releases.

2. To release the releasees, their officers, directors, employees, representatives, agents, and volunteers, and vessels from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify there in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of engaging in the above activities.
3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releases, other than what is set forth in this Agreement.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforced.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND I FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(Signature of Adult Participant)

(Name of Adult Participant, PRINT ONLY)

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 release of all 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 heir, assigns, and next of kin.

(Signature of Parent or adult Legal Guardian
If participant is a minor, and by their signature
They on my behalf release all claims that both
They and I have)

(Name of Parent or adult legal Guardian Print ONLY)

(Name of Minor PRINT ONLY)

SCENARIO PAINTBALL GAMES

FIELD ADDRESS:
709 LIVINGSTON RD.
ROME, GA. 30161

MAILING ADDRESS:
59 MULBERRY LANE
LINDALE, GA. 30147
770-364-8444

EMAIL: casey1733@bellsouth.net
www.spgpaintball.com
FAX: 706-291-4211

NAME: _____ TEAM OR GROUP: _____

AGE: _____ PHONE# _____ E-MAIL: _____

WILL YOU BE BRINGING YOUR OWN PAINT? (YES / NO) _____

WILL YOU NEED PAINT? ESTIMATED AMOUNT: _____

PREFERRED PAINT: (X)

WHITE BOX _____

MID GRADE _____

TOURAMENT GRADE _____

AIR USED: (X)

CO2 _____ N2 _____

THANK YOU FOR PREREGISTERING. THIS WILL HELP SPG STAFF SPEED UP REGISTRATION AND SAVE TIME. YOU MAY PAY UP FRONT OR AT THE EVENT. IF YOU'RE PLANS CHANGE PLEASE CALL OR E-MAIL ASAP. WE ARE LOOKING FORWARD TO A GREAT GAME.

THANK YOU
SPG STAFF