

**Splat Zone Paintball, LLC**  
**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY**  
**AGREEMENT**

Print Name of Participant \_\_\_\_\_

Email Address: \_\_\_\_\_

In consideration of participation in the game of Paintball or Bazooka Ball provided by Splat Zone Paintball, I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand and acknowledge that risks and dangers exist in my use of paintball equipment and my participation in paintball activities. I fully understand my participation in such activities and/or use in such equipment may result in injury or illness including, but not limited to bodily 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 or impairment. I fully understand these risks and dangers may be caused by the negligence of the owners, employees, officers, authorized representatives or agents of Splat Zone Paintball or Barksdale Air Force Base, the negligence of participants, the negligence of bystanders, accidents, breaches of contract, forces of nature or other causes. These risks and dangers may arise from foreseeable and unforeseeable causes. I fully understand 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 the negligence or other conduct of the owners, agents, officers, employees of Splat Zone, or any other person. I specifically understand that I am releasing, discharging and waiving any claims or actions that neither I nor the minor may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers, employees or customers of Splat Zone Paintball.

I have read this document and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

**I HAVE READ THE ABOVE WAIVER. AND RELEASE AND BY SIGNING IT I AGREE TO EXEMPT AND RELIEVE SPLAT ZONE PAINTBALL FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.**

Date \_\_\_\_\_

Signature of participant (if 18 years of age or over) \_\_\_\_\_

**Parental Consent and Medical Release for Persons under 18 years of Age**

In consideration of participation in the game of Paintball or Bazooka Ball provided by Splat Zone Paintball, I represent that I understand the nature of this activity and that my child is at least 10 years of age for paintball, or 6 years of age for Bazooka Ball, and he/she is qualified, in good health, and in proper physical condition to participate in such activity. If the participant is of minority age, I, the undersigned minor's parent or legal guardian, understand the above mentioned nature and risks associated with playing paintball or Bazooka Ball. I fully understand and acknowledge that risks and dangers exist in the minor's use of paintball equipment and participation in paintball or Bazooka Ball activities. I fully understand the minor's participation in such activities and/or use in such equipment may result in injury or illness including, but not limited to bodily 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 or impairment. I and the minor fully understand these risks and dangers may be caused by the negligence of the owners, employees, officers, authorized representatives or agents of Splat Zone Paintball, the negligence of participants, the negligence of bystanders, accidents, breaches of contract, forces of nature or other causes. These risks and dangers may arise from foreseeable and unforeseeable causes. I and the minor fully understand by the minor's participation in these activities and/or use of equipment, I and the minor hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of Splat Zone Paintball, or any other person. If I am not the minor's parent or legal guardian, I hereby acknowledge that the appropriate parent and/or legal guardian for the minor gave me permission to act as the minor's guardian while playing paintball, and as such I take all necessary responsibility for the minor and the above mentioned risks associated with playing paintball or Bazooka Ball for the minor by signing this waiver. I also give permission for Splat Zone Paintball to authorize emergency medical treatment as is deemed.

**I HAVE READ THE ABOVE WAIVER. AND RELEASE AND BY SIGNING IT I AND THE MINOR AGREE TO EXEMPT AND RELIEVE SPLAT ZONE PAINTBALL FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.**

Date \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_