

**PLANET PAINTBALL 864-525-3200**

**-----WAIVER AND RELEASE OF ALL LIABILITY, ASSUMPTION OF RISK-----**

I, the undersigned assume all risks of injury, release and waive all claims and liability of any nature whatsoever against the premises owner, possessor, controller, its officers, shareholders, and also of **PLANET PAINTBALL** hereinafter "Promoters") for any injuries or damages I might sustain while on the premises or while playing Paintball Games herein after "Games".

I acknowledge and understand that the "GAME" can be vigorous and strenuous with the risk of possible serious or permanent physical injury including death. The risks include, but are not limited to, injury from: impact of projectiles, slipping, tripping or falling on the premises, obstacles, malfunction or defect in equipment including failures due to compressed gases, and exacerbation of underlying physical ailment or infirmities due to strenuous physical exertion.

I hereby agree to play the "GAME" according to the rules set forth by the promoters. To ask the "Promoters" for clarifications of any rules, safety procedures or operation of any and all equipment and further I specifically agree:

To behave in a safe, courteous and sportsmanlike manner at all times. To never use profane or insulting language to other players or referees and avoid all physical contact with all other persons. I further agree to obey the instructions of all referees.

To wear approved, safety goggles and face mask at all times when I am on the playing field even after I have been marked with paint or the "GAME" is over and to keep the goggles and face mask properly adjusted. I understand that serious eye injury including permanent loss of eyesight could occur if I fail to wear my safety goggles at all times as directed. In the event that my safety goggles are fogged or splattered with paint, I agree to NOT remove my safety goggles on the playing field for any reason whatsoever but will instead call for a referee or the assistance of another player to escort me off the field where the lens can be cleaned or adjusted in safety. I understand paintball guns can be discharged at any time intentionally or accidentally and therefore I agree never to remove my safety goggles for any reason while on or near the playing field in order to safeguard my eyesight.

To refrain from consuming any alcohol or any medications which might impair my judgment or physical coordination prior to and while playing "GAMES" on the premises of the Promoters.

To remain within the boundaries of the playing field. To use my Paintball gun in a safe responsible manner with due regard for the safety of all persons including myself. In the non-playing field areas I will refrain from pointing my Paintball gun at myself or at any other players and I will keep the Paintball gun in the safety position and will insure that no Paintball is in the chamber and the gun is incapable of firing.

To use only the equipment and supplies provided to me by "Promoters". If I have chosen not to use the equipment provided by "Promoters". I warrant that the safety eye goggles, Paintball guns and other equipment to be used has been inspected by me and is safe for the foreseeable uses of Paintball play and is in excellent condition. I agree to indemnify the premises owner and "Promoters" herein from any claims arising or resulting from the use of my own equipment including safety goggles and Paintball guns.

**I HAVE CAREFULLY READ AND FULLY UNDERSTAND** waiver of liability and assumption of risk and understand that by signing below I am agreeing on behalf of my estate, my heirs, assigns and representatives not to sue the premises owners or "Promoters" or hold anyone but myself liable for any injuries, including death, resulting from playing the "GAME". I fully understand and intend to be bound by this agreement and affirm that I am eighteen (18) years of age or older suffering under no legal disabilities.

**PRINT NAME:** \_\_\_\_\_ **TEXT PHONE#:** \_\_\_\_\_  
**E-MAIL ADDRESS:** \_\_\_\_\_ **HOME PHONE#:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**CONSENT BY MINOR'S PARENT OR GUARDIAN**

I represent that I am the parent or legal guardian of minor, \_\_\_\_\_ (minor's full name and date of birth) and that I fully understand the Waiver of liability and Assumption of Risk Agreement and by signing below consent to all terms and conditions of the agreement on behalf of minor for whom I am responsible.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_