

READ CAREFULLY

WAIVER AND RELEASE OF LIABILITY

In consideration of GatSplat Enterprises LLC (herein after referred to as GatSplat) furnishing services and /or equipment to enable me to participate in paintball games, I agree as follows:

I fully understand and acknowledge that; (a) risks and dangers exist in my use of Paintball equipment and my participation in Paintball activities; (b) my participation in such activities and/or use of such equipment may result in my 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; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of GatSplat ; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) 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 GatSplat , or by any other person.

I, ON BEHALF OF MYSELF, MY PERSONAL REPRESENTATIVES AND MY HEIRS, HEREBY VOLUNTARILY AGREE TO RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, DEFUND AND INDEMNIFY GATSPLAT AND IT'S OWNERS, AGENTS, OFFICERS, AND EMPLOYEES FROM ANY AND ALL CLAIMS, ACTIONS, OR LOSSES FOR BODILY INJURY, PROPERTY DAMAGE, WRONGFUL DEATH, LOSS OF SERVICES OR OTHERWISE WHICH MAY ARISE OUT OF MY USE OF PAINTBALL EQUIPMENT OR MY PARTICIPATION IN PAINTBALL ACTIVITIES. I SPECIFICALLY UNDERSTAND THAT I AM RELEASING, DISCHARGING AND WAIVING ANY CLAIMS OR ACTIONS THAT I MAY HAVE PRESENTLY OR IN THE FUTURE FOR NEGLIGENT ACTS OR OTHER CONDUCT BY THE OWNERS, AGENTS, OFFICERS OR EMPLOYEES OF GATSPLAT.

MEDICAL PERMISSION AUTHORIZATION

If the participant is of minority age, the undersigned parent or guardian hereby gives permission for GatSplat to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in paintball games from this date on.

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

I further agree that I have read, and will adhere to all Safety Rules for the GatSplat Facility, posted on the wall, and I have watched the safety briefing, either on line, or at the facility. I understand that as a public facility, pictures and or video may be taken by GatSplat staff or others, and I grant them the right to publish, and re-publish photographic portraits or pictures of me or in which I may be included, in whole or in part.

I understand this is a Field Paint Only Facility, and no outside paint is allowed on the premises. I agree that violation of any of the GatSplat rules is grounds for immediate expulsion with no refunds.

Print Name _____ Age _____ Date of Birth _____

Phone _____ Player Signature _____

DATE _____

Address _____ City _____ State _____ Zip _____

Signature of Parent/Guardian _____
(if less than 18 yrs old)

E-mail _____
(If you would like to know about special deals!)