Shooters All-Season Paintball = SASP Phone: 1-877-68-BLAST

LAST NAME	
	(Please Print)

Holding card yes no

WAIVER AND RELEASE OF LIABILITY

READ CAREFULLY

In consideration of SASP furnishing services and/or equipment to enable me or my child to participate in Paintball/Airsoft games, I agree as follows: I fully understand and acknowledge that;

- (a) Risks and dangers exist in my use of Paintball/Airsoft equipment and my participation in Paintball/Airsoft 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, rashes, insect bites, animal bites or kicks, injury from falling trees or limbs, partial and/or total paralysis, eye injury, blindness, heat stroke, dehydration, heart attack, electrical shock, 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 SASP; 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 physical or financial, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of SASP, or by any other person
- (e) I give permission to be filmed, video/audio taped by any means and full use of my likeness, voice and words without compensation.
- (f) It is my responsibility to Return all Rental Gear in same condition as it was given. Failure to do so will result in repair/replacement fees.
- (g) It is my responsibility to Know and Follow ALL Safety, Etiquette, and Game Rules.
- (h) It is understood that use of the outdoor field(s) is by permission only and players must be escorted by staff onto field(s). The surrounding area is private property. Participants must not deviate away from field boundaries. Trespassing is not permitted.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify SASP and its 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/Airsoft equipment or my participation in Paintball/Airsoft activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I or my child may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of SASP. In the event of litigation, the prevailing party can and will ask for costs. This agreement is governed by CA law and any disputes shall be resolved in Sutter County.

MEDICAL PERMISSION AUTHORIZATION

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

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE SASP FROM LIABILITY FOR PERSONAL INJURY, -PLEASE PRINT CLEARLY-PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE. Already Received Played at SASP before First Time OR Played at SASP before YES NO Orientations? Playing at SASP (contact info SAME) (contact info Changed) (previous visit) FIRST Name LAST Name (Free Specials....Events...Announcements...Birthday Club) E-MAIL STREET ADDRESS CITY STATE ZIP CODE 2 (Month & Day for Birthday Club) CONTACT NUMBER Date

Below Line is for OFFICE USE ONLY

PLAYER Signature (18 years or older)

Parent/Guardian Signature (if under 18 years old)

-OR-