Rental Unit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Northern mn extreme sports

**Hold Harmless and Waiver For Paint ball**

EACH INDIVIDUAL MUST READ AND SIGN THIS RELEASE OF LIABILITY

PRIOR TO PARTICIPATION if under age of consent then legal parent or guardian must sign

In order to participate in these activities, I the undersigned

agree and acknowledge that:

* There is risk of injury, including a potential for permanent disability or death resulting from participation in these activities or from the equipment involved.
* Paintballs can damage or rupture cosmetic surgical implants, and or cause damage to exposed skin.
* I freely assume all such risks, both known and unknown, and assume full responsibility for my participation .such as but not limited to injury, death, and or any kind of illness. Resulting from attending our field
* I have read and understand the rules, including all safety related rules, and agree to fully comply with all regulations during my participation.
* I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin hereby release and hold harmless Northern mn extreme sports llc, their officers, officials, agents, and or employees, from any and all liability for injury, disability, or death to persons; and all liability for loss or damage to personal property.
* If I falsify information on this form or do not complete it in full, Northern MN extreme sports llc reserves the right to deny participant access to the field and related activities and is in no way responsible for participant.
* I acknowledge, understand, and agree that I have read this release of liability and assume all risk associated with participating and that I sign this release of liability voluntarily and without inducement.

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Participant’s PRINTED Name Participant’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_2020 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month/Day Date of Birth Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY STATE ZIP

**Minor Aged Participants**

ALL PLAYERS UNDER THE AGE OF 18 AT THE TIME OF PARTICIPATION MUST HAVE A PARENT OR GUARDIAN SIGN BELOW

I certify that I am the parent/legal guardian for the above signed participant and agree to his/her release. I also agree to indemnify the above named company and individuals from all liabilities resulting from his/her participation in said activities for myself, my heirs, assigns, and next of kin.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian PRINTED Name Parent/Guardian Signature

date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month/Day 2020