

THIS IS A RELEASE OF LIABILITY – READ BEFORE SIGNING!
YOU MUST BE 13 YEARS OLD TO PLAY!

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY PAINTBALL EVENT. If you disagree with or do not understand any provisions contained in this release do not sign it.

IN CONSIDERATION of being permitted to participate in any way in the sport and activities of paintball at THE SIEGE PAINTBALL, LLC, I acknowledge, appreciate, and agree that:

1. The risk of injury from the activity and weaponry involved in paintball is significant, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize the risk, the risk of serious injury does exist;
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation; and,
3. I understand that the activities of paintball are physically and mentally intense. I understand the rules of play and will comply with all rules and regulations. I understand that these rules include, but are not limited to, my wearing of an approved paintball mask at all times, except for in designated areas, and that my marker's barrel sock/bag is in place at all times except for in designated areas. I understand that if I fail to follow any of the rules or regulations I will be asked to leave the premises. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practical; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, DEFEND, AND INDEMNIFY FROM LIABILITY THE SIEGE PAINTBALL LLC, the owners and lessors of premises used to conduct the paintball activities, their officers, officials, agents and/or employees ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct.
5. I understand and agree that this Release of Liability Agreement covers each and every paintball activity and event in which I participant hereafter. THIS WAIVER IS GOOD THROUGH DECEMBER 31, 2010.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTANDING ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PLEASE PRINT CLEARLY ALL INFORMATION EXCEPT FOR YOUR SIGNATURE:

PLAYER'S NAME _____ DATE OF BIRTH _____

PLAYER'S SIGNATURE _____ DATE _____

ADDRESS _____ CITY, STATE _____ ZIP CODE _____

E-MAIL _____ PHONE # _____

2010 WAIVER
THE SIEGE PAINTBALL, LLC IS INSURED BY
WEST BEND MUTUAL INSURANCE.
FOR ALL PLAYERS UNDER THE AGE OF 18 PLEASE TURN OVER 2 2 2

REQUIRED FOR PLAYERS OF MINORITY AGE
(UNDER 18 AT TIME OF REGISTRATION)
TO BE FILLED OUT BY PARENT OR LEGAL GUARDIAN

I AM THE PLAYERS (please circle one):

PARENT

LEGAL GUARDIAN

OTHER

Relationship to player _____

PLEASE NOTE FOR THOSE THAT CIRCLED OTHER BY SIGNING THIS YOU AGREE TO THE FOLLOWING:

This is to certify that I have received permission from the participant's legal parent/guardian to bring their son/daughter to play paintball at THE SIEGE PAINTBALL, LLC and to sign any and all necessary releases in order for their child to participate. It is understood and agreed that THE SIEGE PAINTBALL, LLC is relying upon this certification and that this certification is GOOD FOR ONE DAY ONLY.

This is to certify that I, as parent/guardian with legal responsibility for this participant or with permission from the parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of THE SIEGE PAINTBALL, LLC and all other Releasees but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

I hereby give permission to THE SIEGE PAINTBALL, LLC to authorize emergency medical treatment as may be necessary for the child named below while playing paintball games at THE SIEGE PAINTBALL, LLC, from the date of this release through year end.

Print name of player listed on page 1: _____

Print name of parent/legal guardian: _____

AUTHORIZED SIGNATURE _____ DATE _____

PRINTED NAME OF SIGNER _____

EMERGENCY PHONE #s _____

Insurance Company

Hospitalization Policy Number (Optional)