

**WAIVER OF LIABILITY "THE EDGE PAINTBALL ADVENTURES"
READ CAREFULLY**

In consideration of The Edge Paintball Adventures furnishing services and or equipment to enable me to participate in paintball game I agree as follows:

I fully understand and acknowledge that: (a) risks and dangers exist in my use of Paintball equipment and my participation of paintball/air soft games; (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 The Edge Paintball Adventures; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes; and (d) by my participation in these activities and/or use of the 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 The Edge Paintball Adventures, 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, defend and indemnify The Edge Paintball Adventures and its owners, agents, officers, an 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 or Air soft activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may presently or in the future for negligent acts or other conduct by the owners, agents, officers or employees of The Edge Paintball Adventures.

MEDICAL PERMISSION AUTHORIZATION

If the participant is minority age, the undersigned parent or guardian hereby gives permission for The Edge Paintball Adventures to authorize medical treatment as may be deemed necessary for the child named below while participating in paintball/ air soft games from this date.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT I AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE THE EDGE PAINTBALL ADVENTURES FOR PERSONAL INJURY, PROPERTY DAMAGE/ LOSS OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE

| | | | |
|--|----------------|--------------|-------------------------|
| PRINT NAME | AGE | DOB | PHONE # |
| SIGNATURE | ADDRESS | | CITY, STATE, ZIP |
| Signature of Parent/Guardian (if under 18 yrs. old) | | EMAIL | DATE |

--- OFFICE USE ONLY ---

| | | |
|--------------------------|----------------------------|---|
| FF \$10 _____ | ADA \$8 _____ | CO2 FILL \$4 _____ |
| Group Rental \$15 _____ | Birthday Rental \$15 _____ | Walk-On Rental \$20 _____ |
| 100 Paintballs \$5 _____ | 500 Paintballs \$15 _____ | Case Rec Grade _____ Case Prem. Grade _____ |