

# WAIVER & RELEASE OF LIABILITY – READ BEFORE SIGNING

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State/ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_


<b>Do you need rental equipment?</b>	
Yes	NO
<b>Please have license and credit card ready at the rental window</b>	

**Collin County Paintball Park LLC**, as well as any related business entities, hereinafter called Operator; agree to allow Participant to use the designated facilities of Operator for the purpose of conducting and Participating in paintball games. In consideration of Operator 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 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 risk and dangers, may be caused by the negligence of the owners, employees, officers or agents of the Operator; the negligence of the participants, the negligence of others, accident, 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 Operator, 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 its owners, agents, officers and employees from any and all claims, actions or loses for bodily injury, property damages, 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 the negligent acts or other conduct by the owners, agents, officers or employees of Operator.

**I agree that my likeness may be used on Collin County Paintball Park LLC's website or other promotional materials including Facebook, etc.**

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Participant's age: \_\_\_\_\_

Signature

Parent or legal guardian must sign if participant is under age 18

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Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_