



UNITED STATES PAINTBALL NATION, INC.

1533 SHORE RD HOLLISTER, CA 95023

Tel: 1-831-636-8877

Fax 1831-636-6877

**THIS IS A LEGAL DOCUMENT THAT CONTAINS A RELEASE OF LIABILITY, ASSUMPTION OF RISK, SAFETY, RESPONSABILITY AND OTHER LEGAL AGREEMENTS.**

**THIS MUST BE CAREFULLY READ AND SIGNED BEFORE THE PARTICIPANT WILL BE ALLOWED TO TAKE PART IN ANY PAINTBALL or LASER EVENT at USPN.**

Group Name: \_\_\_\_\_ Event Date \_\_\_\_\_ Time \_\_\_\_\_

Responsible Adult Print Name \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Responsible  
Address: \_\_\_\_\_ City: \_\_\_\_\_, State: \_\_\_\_\_ & Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_  
Emergency Contact: In case of Emergency, who would you like us to contact?  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please Print Group Participants names below.

Responsible please Print Names of Minors and there address if different than yours.

\* Adults agreeing with and want to be included on this waiver please **print** your name, **sign** and fill in address as shown on your ID ( please show ID at register window). \*

Name \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_, State: \_\_\_\_\_ & Zip: \_\_\_\_\_

Name \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_, State: \_\_\_\_\_ & Zip: \_\_\_\_\_

Name \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_, State: \_\_\_\_\_ & Zip: \_\_\_\_\_

Name \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_, State: \_\_\_\_\_ & Zip: \_\_\_\_\_

Name \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_, State: \_\_\_\_\_ & Zip: \_\_\_\_\_

Name \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_, State: \_\_\_\_\_ & Zip: \_\_\_\_\_

Name \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_, State: \_\_\_\_\_ & Zip: \_\_\_\_\_

Name \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_, State: \_\_\_\_\_ & Zip: \_\_\_\_\_

Name \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_, State: \_\_\_\_\_ & Zip: \_\_\_\_\_

Name \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_, State: \_\_\_\_\_ & Zip: \_\_\_\_\_

By signing my initials here, I acknowledge that I have read and agree to the above. **Initials** \_\_\_\_\_



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This waiver and release is given in consideration of being allowed to participate in the above referenced event (whether it occurs as scheduled or at another time and/or location) with starting and ending date as shown below.

STARTING Today : \_\_\_/\_\_\_/2017

ENDING DATE: 12/31/  2017  2018  2019  2020 Initial \_\_\_\_\_

I acknowledge, appreciate, understand, and agree that the risk of injury from the activities of paintball and equipment involved in paintball is significant, intense and the risk of injury includes, but is not limited to, disease, strains, fractures, partial and/or total paralysis, eye injury, ear injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability., including the potential for permanent injury, disability and death, and while protective equipment and my personal conduct may reduce the risks, the risk of serious injury and death still exists.

I acknowledge, appreciate, understand, and agree that failure to follow the safety rules and use proper safety equipment in the proper manner significantly increases the risk of injury, especially as to eye and ear injuries.

I acknowledge, appreciate, understand, and agree that risks and dangers may be caused by the negligence of others including, but not limited to, property owners, employees, officers, agents of ,USPN INC, San Benito county or any other government agency that may have oversight responsibilities, or other participants.

I acknowledge, appreciate, understand, and agree that I will use proper safety equipment, gear and will comply with all safety rules and regulations applicable to the activity for my own safety and that of others.

If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official or other authorized person as soon as possible.

I acknowledge, appreciate, understand that there may not be any insurance coverage that covers me and that no insurance has been purchased specifically for this event or future events or activities at USPN.

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 ORGANIZER, PROPERTY OWNERS, AGENTS, OFFICERS, EMPLOYEES OF THE ORGANIZER AND/OR PROPERTY OWNER, OR BY SAN BENITO COUNTY OR EMPLOYEES OR ANY OTHER PERSON.

I, FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE AND HOLD HARMLESS FROM LIABILITY THE ORGANIZER, PROPERTY OWNERS, AGENTS, OFFICERS, EMPLOYEES OF THE ORGANIZER AND/OR PROPERTY OWNER, OR BY ANY OTHER PERSON (“RELEASEES”) REGARDING THE PAINTBALL ACTIVITIES AND PREMISES ON WHICH THEY OCCURE OR ARE CONDUCTED 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 BY SAN BENITO COUNTY OR EMPLOYEES OR ANY OTHER PERSON.

By signing my Initials I acknowledge reading and agreeing to the above. . Initial \_\_\_\_\_



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I, FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY VOLUNTARILY AGREE TO RELEASE, WIAVE, DISCHARGE, HOLD HARMLESS, DEFEND AND INDEMNIFY THE ORGANIZER, PROPERTY OWNERS, AGENTS, OFFICERS, EMPLOYEES OF THE ORGANIZER AND/OR PROPERTY OWNER, OR BY SAN BENITO COUNTY OR EMPLOYEES OR ANY OTHER PERSON.

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 OR RELATES TO MY USE OF PAINTBALL EQUIPMENT OR MY PARTICIPATION IN PAINTBALL ACTIVITIES.

I specifically acknowledge, appreciate, understand, and agree 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 those released in this agreement.

I acknowledge, appreciate, understand, and agree that this Release of Liability Agreement covers each and every paintball activity and event in which I participate hereafter that involves any of the persons released here in.

I acknowledge receipt of safety information regarding paintball activities and the opportunity to have any and all of my questions or concerns about safety addressed.

### RELEASE AND ASSIGNMENT OF PHOTOGRAPHIC RIGHTS

It is acknowledged that photographs and/or video and/or other recorded images may be taken of the participant. Participant authorizes and consents to the taking of photographs and/or video and/or other recorded images arising out of or related to his/her participation.

Participant assigns any and all rights in any such photographs and/or video and/or other recorded images to UNITED STATES PAINTBALL NATION, INC., and does so without current or future compensation.

Participant consents to the free use of any such photographs and/or video and/or other recorded images of participant in future promotional and/or advertising material or the like as determined in the sole discretion of the assignee. Participant waives any claim for current or future compensation for such use.

#### Rental equipment Responsibility.

I agree to be responsible for any USPN INC. equipment rented by me or anyone I have agreed to be responsible for, in this, or any other USPN INC. waiver signed by me. I agree to inspect equipment and only use it when complete and in working order. I agree to **pay on demand**, for any damaged or missing rental equipment as requested by any member representing USPN INC. I agree that USPN INC. will be the only one determining the dollar amount to be paid, but will at no time be more than the MSRP(Manufactures Suggested Retail Price) to replace items. I understand and agree to have charges added to my credit card or pay with cash by 4pm of rental day. If USPN INC. waives any charges for any person or group, it will be a onetime event and the above is still in full force.

By signing my Initials I acknowledge reading and agreeing to the above. . **Initials**\_\_\_\_\_



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I HAVE READ THIS RELEASE OF LIABILITY, ASSUMPTION OF RISK And RESPONSIBILITY AGREEMENT. I FULLY UNDERSTAND THE TERMS OF THIS AGREEMENT. I ACKNOWLEDGE, APPRECIATE, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT. I HAVE SIGNED THIS AGREEMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT OR PROMISE.

\*\*\*Adults signing for themselves or Responsibles (OF MINORS or GROUPS) please sign and fill out this section Responsible Fill Address if different than above.

This certifies that I am the Responsible person with legal responsibility for myself and or this participants. On behalf of myself, and the minor or group participants if applicable, I hereby consent and agree to the terms and conditions of this legally binding agreement.

Responsible Adult, Print Name \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ & Zip: \_\_\_\_\_

Signed at (City & State): \_\_\_\_\_ Hollister CA 95023

Responsible Adult Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Initials \_\_\_\_\_

Initials \_\_\_\_\_

NOTE TO PARENT/GUARDIAN:

If you are faxing your child's waiver form to UNITED STATES PAINTBALL NATION, INC.:

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- 1. Please include All 4 Pages.
2. Please be sure that the entire form is filled out and to initial pages 1, 2, 3 and sign page 4.
3. Write down the Date, Time and the Party this waiver form is for.

Thank you, USPN, INC.

IF YOU ARE PART OF A TEAM PLEASE FILL OUT THE INFORMATION BELOW.

TEAM NAME: \_\_\_\_\_

TEAM CAPTIAN: \_\_\_\_\_

CONTACT INFORMATION: \_\_\_\_\_