

MSG PAINTBALL FIELD WAIVER

MSG Paintball Field = MSG

PHONE: (845)457-4678

RELEASE OF LIABILITY AND PHOTOGRAPHY

RELEASE WAIVER

READ CAREFULLY

In consideration of MSG furnishings 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 ; (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 negligence of the owners, employees, officers, or agents of MSG; the negligence of the participants, the negligence of others, accidents, 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 or in part by the negligence or other conduct of the owners, agents, officers, employees of MSG, 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 MSG and its owners, agents, officers and 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 activities, I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in future for the negligent acts or other conduct by the owners, agents, officers, or employees of MSG.

MEDICAL PERMISSION AUTHORIZATION

If the participant is of minority age, the undersigned parent or guardian hereby give permission for MSG to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in paintball games.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE MSG FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

PRINT PLAYER NAME

AGE

DATE OF BIRTH

SIGNATURE OF PLAYER

PHONE NUMBER

STREET ADDRESS

CITY, STATE, ZIP CODE

SIGNATURE OF PARENT/GUARDIAN

DATE SIGNED

EMAIL: _____
(optional)