

THIS IS A RELEASE OF LIABILITY - READ BEFORE SIGNING

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY ADVENTURE ZONE EVENT.

PARTICIPANT'S NAME _____ DATE OF BIRTH _____
(PLEASE PRINT)

IN CONSIDERATION of Adventure Zone, Inc., owners, and lessors of premises, their agents, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereafter collectively referred to as Adventure Zone), I hereby agree to release, indemnify, and discharge Adventure Zone, on behalf of myself, my spouse, my children, my parents, my heirs assigns, personal representative and estate as follows:

1. I acknowledge that the sport of Paintball, Airsoft, & laser related sports entails known and unanticipated risks that could result in physical and emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include among other things: Furthermore Adventure Zone employees have difficult jobs to perform. They seek safety, but they are not infallible. They might misjudge the weather or other environmental conditions. They might be unaware of a participant's fitness or abilities. They may give incomplete warnings or instructions, and equipment being used may malfunction.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Adventure Zone from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Adventure Zone's equipment or facilities, including any such claims which allege negligent acts or omissions of Adventure Zone.
4. Should Adventure Zone or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against Adventure Zone, I agree to do so solely in the stat of Michigan, and I further agree that the substantive law of Michigan shall apply in that action without the regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found or to be void or unenforceable, the remaining document shall remain in full force and effect.
7. I understand and agree that this release of liability and assumption of risk agreement covers each and every paintball, airsoft, or laser related activity and event in which I participate hereafter.

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

X _____ DATE SIGNED _____
PARTICIPANT'S SIGNATURE

ADDRESS CITY, STATE ZIP CODE

E-MAIL ADDRESS

PLEASE ADD ME TO YOUR MAILING LIST? YES NO

PARENT OR GUARDIAN MUST READ AND SIGN THIS FORM BELOW IF PARTICIPANT IS UNDER AGE 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her participation in any paintball, airsoft, or laser related activity and use of any equipment and facilities, I further agree to release and indemnify and hold harmless Adventure Zone from any and all claims which are brought by, or in behalf of minor participant, and which are in any way connected with such use or participation by minor, to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

X _____
Parent/Guardian's Signature Emergency Phone Number

DATE SIGNED: _____

I HAVE READ AND AGREE WITH ALL FIELD RULES _____
initials