



# HOSSLANDIA PAINTBALL



## 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 PAINTBALL EVENT.**

IN CONSIDERATION of being permitted to participate in any way in the sport and activities of paintball under auspices of HOSSLANDIA PAINTBALL, I acknowledge, appreciate, and agree that:

1. The risk of injury from the activity and weaponry involved in paintball is significant, including the permanent potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS , both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation; and,
3. I understand that the activity of paintball is physically and mentally intense. I understand the rules of play and will comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest Hosslandia member as soon as practical; and,
4. I, for myself and behalf of my heirs, assigns, personal and next of kin, HEREBY RELEASE AND HOLD HARMLESS HOSSLANDIA PAINTBALL FIELD; the owners and members of premises used to conduct the paintball activities, ("Releasees"), 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.
5. I understand and agree that this release of liability agreement covers each and every paintball activity and event in which I participate here 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 VOLUNTARILLY WITHOUT ANY INDUCEMENT.

PARTICIPANT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(Please Print)

X \_\_\_\_\_ Date Signed: \_\_\_\_\_ Phone #: \_\_\_\_\_  
PARTICIPANT'S SIGNATURE

ADDRESS \_\_\_\_\_ CITY, STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**FOR PARTICIPANTS OF MINOR AGE**  
**(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of Hosslandia Paintball and all other Releasees but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

X \_\_\_\_\_ EMERGENCY PHONE #(S) \_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

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