

Paintball Waiver & Release

Agreement for Waiver and Release, Assumption of Risks & Indemnification

Notice: This document affects your legal rights, please read carefully. Handwritten *changes* to this document are not permitted and will not be honored. This Agreement constitutes the entire Agreement and shall not be modified except via written document, executed by both parties. If any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Participant Name (print) _____

Parent / Legal Guardian Name (print) _____

I, the above Participant or the Parent/Legal Guardian of participant, being above the age of 18 , agree as follows:

I acknowledge and understand that Paintball can be a hazardous and dangerous activity that requires strenuous exercise and varying degrees of skill and experience. I understand that this activity can result in serious injury to the person and I voluntarily assume any and all risks of injury while on the premises.

In consideration for my participation, or for the participation of my child or the minor for whom I represent that I am legal guardian, I hereby release and forever discharge Camp Kairos and the Church of God of Prophecy and their servants, directors, trustees and all other persons or entities acting on their behalf from any and all claims, actions, damages, liabilities, costs or expenses and attorney fees which are related to, arise out of, or are in any way connected to my child's, or the minor for whom I represent that I am legal guardian's viewing or participation in Paintball activities. By signing this Agreement, it is my intention to waive any rights to sue or seek damages from Camp Kairos or the Church of God of Prophecy; except where injury, death or disability results from gross negligence.

I further agree to indemnify, hold harmless and defend Camp Kairos and the Church of God of Prophecy against any and all claims for damages, costs, expenses or attorney's fees brought by any third party in connection with or arising out of my, or the above-listed participants involvement or participation. This Agreement shall be effective and binding upon marital community, estate, heirs, agents, personal representatives and assigns.

Emergency Consent: _____ (participants name) may receive emergency and/or routine medical care from a physician or emergency facility if I am incapacitated (if participant), or cannot be reached in an emergency (if parent/guardian)

I hereby certify that I am over 18 years of age; I have carefully read the foregoing and acknowledge that I understand and agree to all the terms and conditions. I am aware that by signing this Agreement, I assume all risks and waive and release certain substantial rights that I have or possess

Participant Signature _____ **Date** _____

Parent / Legal Guardian Signature _____ **Date** _____