

# NATIONAL SPORTS ENTERTAINMENT & RECREATION ASSOCIATION

INDUSTRY INSURANCE PROGRAMS

[www.nsera.com/paintball](http://www.nsera.com/paintball)

Triple "S" Christian Ranch = TSCR

Phone (501) 556-5837

READ CAREFULLY

## WAIVER AND RELEASE OF LIABILITY

In consideration of TSCR furnishing 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 activities; (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 ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of owners, employees, officers or agents of TSCR; the negligence of the 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 in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of TSCR, 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 TSCR 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 the future for the negligent acts or other conduct by owners, agents, officers or employees of TSCR. This waiver is good through \_\_\_\_\_20\_\_.

## MEDICAL PERMISSION AUTHORIZATION

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

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

_____	_____	_____	_____
Print Name	Age	Date of Birth	Phone
_____	_____	_____	_____
Signature	Address	City, State, Zip	
_____	_____	_____	
Signature of Parent/Guardian (if less than 18 yrs)	Email		
Date: _____			