

Tallahassee Paintball Sports LLC Application to Play

Players Name (Print Clearly) _____ Date of Birth _____

Address _____ Telephone _____

City _____ State _____ Zip _____ EMAIL _____

I, the undersigning want to play the activities offered by this playing field, and sign this application in consideration of being given the opportunity to engage in this sport.

I understand that:

1. The activities are physically and mentally intense and may require extreme exertion to play and that the possibility of injury to myself and others does exist.
2. The activities can be dangerous if not played in accordance with stated rules which I have received, read, understand and will abide by.

I confirm and agree that I am fully aware of the risk and that I am physically and mentally able to be fully involved in these activities and will comply with all the rules, regulations and the full and complete use of all equipment so as not to injure myself or other participants.

Release:

I hereby release, remise, and forever discharge from any claims and liabilities whatsoever without limitations that I might have against Tallahassee Paintball Sports LLC, and the operator, his personnel, and the land owners, indemnifying them against any and all claims, actions, suits, procedures, cost, expenses (including attorneys, fees, and expenses), damages, and liabilities arising out of, conduct with, or resulting from my playing the game or renting equipment, including, without limitation, those resulting from the manufacture, selection, delivery, possession, use, or operation of such rented equipment. I hereby release Tallahassee Paintball Sports LLC and the operator, his personnel, and the land owners from any and all such liability, and I understand that this release shall be binding upon my estate, my heirs, my parents, my representatives, and assigns. I hereby certify to Tallahassee Paintball Sports and their operator, his personnel, and the land owners that I am in good health and do not suffer from any medical condition or any other ailment which could be exacerbated by the exertion involved in playing the game.

Assumption of risk:

I confirm that I am responsible for having specific insurance to cover any injury that I may sustain or cause to others and that I have read and fully understand the terms of this agreement. THIS IS FULLY INTENDED TO BE A LEGALLY BINDING CONTRACT FOR ONE YEAR. IF I HAVE ANY DOUBTS CONCERNING ANY ASPECT TO IT'S CONTENTS, I WILL CONSULT AN ATTORNEY BEFORE SIGNING IT.

I STATE THAT I AM AT LEAST 18 YEARS OF AGE, IN GOOD HEALTH, AND INTEND TO BE BOUND BY THIS AGREEMENT.

Applicant Signature _____ Date _____

* Complete this section if under 18 years old *

If you are under 18, please have this agreement guaranteed by having your parent, guardian, or responsible person over 21 sign below. Guarantor's Agreement: my signature below indicates that I guarantee the obligation under this agreement.

GUARANTOR'S NAME (PRINT) _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ STATE _____

SIGNATURE _____ ZIP _____ PHONE _____