Blodgett Paintball

WAIVER AND RELEASE OF LIABILITY

In consideration of Blodgett Paintball furnishing services and/or equipment to enable me to participate in paintball and/or airsoft games, I agree to the following:

I fully understand and acknowledge that; (a) risks and danger exist in my use of paintball/ airsoft equipment and participation in paintball/ airsoft activities; (b) my participation in such activities and/or use of such equipment may result in my injury, blindness, heat stroke, heat attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers, or agents of Blodgett Paintball, the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes, and (d) by my participation in these activities and/or use of equipment, I here by assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by negligence or other conduct of the owners, agents, officers, employees of Blodgett Paintball, or 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 Blodgett Paintball and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of service or otherwise which may arise out of my use of paintball/ airsoft equipment or may participation in paintball/ airsoft 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 negligent acts or other conduct by the owners, agents, officers or employees of Blodgett Paintball.

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

Signature	Date of Birth	Phone Number
Print Name	Address	
City	State	Zip
Signature of Parent/Guardian	Address of Parent/Guardian	