Splat! Paintball Field, LLC = SPF 17722 US Hwy 218 Austin Minnesota 55912 507-279-1096

Read Carefully

Waiver and Release of Liability

In consideration of SPF 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 my 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 the owners, employees, officers or agents of SPF the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my 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 SPF, 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 SPF and it's owners, agents, officers and employees from 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 actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of SPF. This waiver is good till 12/31/08 (for playing in the 2008 season)

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

_____ _____ _____ _____

PRINT NAME AGE DATE OF BIRTH PHONE

_____ _____ _____

DATE SIGNATURE ADDRESS

_____ _____ _____

CITY/STATE/ZIP SIGNATURE OR PARENT/GUARDIAN EMAIL

EMERGENCY MEDICAL PERMISSION FORM (PLAYERS UNDER 18)

The Parent/Guardian signature hereby gives permission to SPF to authorize emergency medical treatment as may be necessary for the child named above. While playing Paintball games at Splat! Paintball Field, LLC from this date (below) through the year end.

Hospitalization insurance Policy Number Insurance Company

_____ _____