



Last Name: _____

Waiver and Release Agreement

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY PAINTBALL EVENT.

BY SIGNING THIS AGREEMENT YOU WILL GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE PLEASE READ CAREFULLY

IN CONSIDERATION of being permitted in any way in the sport and activities of paintball under the auspices of *Cape Breton County Paintball*, I acknowledge, appreciate, and hereby agree as follows:

- I freely ACCEPT and fully ASSUME all the inherent risks, dangers and hazards of paintball and the possibility of personal injury, death, property damage or loss resulting there from and I understand that I AM RESPONSIBLE FOR MY OWN SAFETY and that *Cape Breton County Paintball* assumes no responsibility for my safety in connection with the activities;
- I understand that the activities of paintball are physically and mentally intense. I understand the rules of play and comply with all the rules and regulations. If I observe an unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practical;
- I RELEASE ALL CLAIMS I may have against *Cape Breton County Paintball* and AGREE NOT TO SUE *Cape Breton County Paintball* for any personal injury, death, property damage or loss sustained by me as a result of my participation in the activities due to any cause whatsoever INCLUDING, WITHOUT LIMITATION, NEGLIGENCE ON THE PART OF *Cape Breton County Paintball*;
- I AM RESPONSIBLE for all costs of rescue or medical attention rendered to me, or for my benefit, arising from the activities and I SHALL INDEMNIFY *Cape Breton County Paintball* from any and all liability in respect of any and all of such costs;
- I am also aware that there are additional risks in traveling to and from locations where events, meets and activities are held (all such usual and additional dangers and risks herein collectively called the "inherent risks").

By signing this form, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED on the above WAIVER, RELEASE AND INDEMNITY, and I WARRANT that I am physically fit to participate in said event and/or on water practice sessions. Further, I hereby grant full permission to any and all of the aforesaid to use any photograph, videotape, motion picture, recording or any record of the sessions for any legitimate purpose.

SIGNED THIS _____ in the presence of
(day) (month) (year)

Witness Signature

Participant's Signature

Parent / Guardian Signature
(If under 18 yrs old
Parent/Guardian must sign)

Please Print Witness Name

Participant's Name

Parent / Guardian Name

Participant Address: _____ Postal Code _____

Date of Birth: _____ Phone: _____
(d/m/y)