



**OFFICE USE ONLY!**

		DOB	

**2018 RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT FOR PARTICIPANTS AND SPECTATORS.**

This form must be notarized or completed in the presence of a Badlandz employee. You must be at least 18 years old to complete this form without a parent or legal guardian. This form must be notarized or completed in the presence of an employee Badlandz. You must be at least 18 years old to fill this form without a parent or legal guardian. In consideration of the services provided by Bad Boyz Toyz dba. The Badlandz (hereinafter known as the Badlandz); the undersigned agrees to indemnify, release, hold harmless, and download Badlandz and its owners, employees and officials on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows :

- I) I acknowledge the sports paintball / airsoft and other related activities are inherently dangerous and lead to risk-taking. Badlandz authorize contract with an ambulance service in case you feel appropriate for the circumstances. I will be responsible for all expenses associated with that service.
- II) I, the undersigned, am more aware of the risks, hazards and dangers necessarily increase manmade or natural obstacles, including but not limited to AirBall bunkers, hyperball tubes, trees, logs, fortresses, ditches, streams , bluffs, wooden barricades, tape lines or any other structure and devices and possible personal injury, death, disability, paralysis, emotional suffering, property damage and other unexpected injuries may result from my participation in the activities Badlandz.
- III) Risks include, but are not limited to: the collision with other participants, trees and other fixed objects and accessories, falling, my own equipment failure or failure of the other teams, my own negligence or otherwise, firearms unregulated, unsafe tanks, poorly manufactured goggles, paintball, guns manufactured incorrectly intentionally or unintentionally altered to cheat modes or features, colliding with non-participants, such as staff, the staff of the media, spectators and arbitrators.
- IV) These risks are further increased when other persons, whether or not the same level of experience or skill are present at the same time and in the same facilities. These risks may vary from time to time and day to day based on the levels of the participants, the course design, set-up, equipment, type of event, and other factors.
  - A. I agree and hereby expressly promise to accept all risks involved in this activity. My participation is strictly voluntary. I further release, waive, discharge the owners, agents, officers, employees, volunteers, participants and all other persons or entities acting in any capacity for or Badlandz.
  - B. I certify that I have adequate insurance coverage in the event of any injury or damage that may cause or suffer while participating or related use of Badlandz, facilities or equipment. If my insurance are not adequate, I agree to assume all costs of any injury or damage to myself or others, caused by my actions.
  - C. I further certify that participation in strenuous activities in Badlandz may aggravate any medical or physical condition that may have either known or hidden. I agree to accept full responsibility for my physical well-being.

The undersigned understands that participants are required to wear the head, face and eye protection appropriate for their participation and use additional protective equipment including chest protectors, neck protectors, footwear, elbow and kneepads are recommended. Participants are required to follow all rules of conduct and not to take excessive risks in the use of the facility, including other players cause an unreasonable risk of harm.

I certify that I am over 18 years. I have read and fully understand and accept this disclaimer in its entirety. I understand that I have given up their rights to sign it. I further understand the release intended to be as broad and inclusive as is permitted by the laws of the State of Illinois and that if any portion thereof is held invalid, agree that the balance, however, continue in full force and effect . I am signing freely and voluntarily without any inducement, warranty or guarantee being made to me. Before signing this waiver and release, I had the opportunity to ask any questions concerning the waiver and release, and installing Badlandz paintball park.

I further understand, acknowledge and desire this waiver will remain in full force and effect for the current annual season of the date above. By signing up, I understand and realize that my child may be able to re-enter Badlandz several times a year without my knowledge or consent - occasion. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND I FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING, AND THAT FREE AND VOLUNTARILY SIGNED no incentive.

<b>ALL FIELDS ARE REQUIRED</b>		I AM PARTICIPATING IN: <input type="checkbox"/> Recreational <input type="checkbox"/> Private Game		<input type="checkbox"/> Tournament <input type="checkbox"/> Airsoft	
Participants Full Name			Home Phone		
Address			City		
State	Zip Code	E-Mail	Date of Birth		
Signature (only if 18 years or older)			Date		
Signature of Parent or Legal Guardian			Date		
Emergency Contact Full Name			Emergency Contact Phone		

**IF YOU WOULD LIKE YOUR CHILD TO HAVE ACCESS TO THE PAINTBALL / AIRSOFT PARK IN THE FUTURE WITHOUT YOUR ATTENDANCE – COMPLETE THE SECTION BELOW.**

**ANNUAL WAIVER** I further understand, acknowledge and desire this waiver remain in full force and effect for the current season (January - December of 2018 ) from the above date. By signing below, I understand and realize that my child may be able to re-enter Badlandz without my knowledge or per-occasion consent.

Participant or Parent/Legal Guardian Signature

If the participant is under 18 years of age and the parent or guardian is NOT PRESENT this form must be notarized.

Parent/Legal Guardian Signature

Date

State of \_\_\_\_\_ County of \_\_\_\_\_  
Signed and sworn to (or affirmed) before me on

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

By \_\_\_\_\_  
(Name of Guardian)

Signature of Notary

