



3295 Coyote Drive
Joplin, MO 64804
(2 blocks North of Exit 4 on I-44
on Old Schifferdecker Road)
417-781-7703

Application to Play or Observe

THIS IS A WAIVER AND RELEASE OF ALL LIABILITY AND COVENANT NOT TO SUE

Read Carefully before signing.

- 1. I understand that playing paintball is hazardous and could result in death.
2. I freely and voluntarily accept the risk of injury from playing paintball or as a spectator.
3. I understand I must wear proper eye protection at all times during play or if I am on the target range.
4. I understand that playing paintball involves risks, which include but are not limited to, injury from being hit by paintballs, injuries from possible malfunction of equipment used in the game, and injury from falling over natural or manmade obstacles on the field.
5. I attest with my initials that I am in good health.
6. I knowingly and voluntarily waive my legal rights that I may have against the field operator, landowner, and directors and rights to sue any assigned or estate of above.
7. I agree to hold harmless each and all of the above parties.
8. I understand that I am fully liable and financially responsible for the equipment issued/rented to me.
9. I agree to abide by all safety and game rules.
10. I understand and agree that this waiver is binding on me, my estate, my heirs, my representatives and my assigns. I intend to be fully bound by this waiver.
11. I have read each and every item on this waiver.
12. I understand each and every item on this waiver.
13. I agree to abide by the terms of this waiver.
14. INITIAL ONLY ONE!!!! I am legally an adult in this state. (OR) I am a minor and my parents or guardian has signed the waiver.

Name (print)
Address
City State Zip
Email Home Phone
First time here? How did you hear about our field?
Participant Signature Date

CONSENT BY MINOR'S PARENT OR GUARDIAN

I have read and fully understand the Waiver of Liability and Covenant Not to Sue, and by signing below, consent to all terms and conditions of this agreement on behalf of the minor for whom I am responsible.

Parent/Legal Guardian Name (print)
Address (if different from above)
City State Zip
Parent/Legal Guardian Signature Date

WE ARE NOT RESPONSIBLE FOR ANY ITEMS STOLEN FROM YOUR VEHICLE OR ANY PERSONAL ITEMS STOLEN WHILE ON THESE PREMISES. RETURN ALL RENTAL EQUIPMENT IN THE SAME CONDITION AS WHEN RENTED.