

CAMP BEREA PAINTBALL PARK

YOU MUST BE 12 OR OLDER IN ORDER TO PLAY PAINTBALL!!!!

This is a Release of Liability. READ BEFORE SIGNING. This form must be READ and SIGNED before the participant is allowed to take part in any paintball event at CAMP BEREA of New Hampshire.

In consideration of being permitted to participate in any way in the sport and activities of paintball I acknowledge, appreciate, and agree that: 1. The risk of injury from the activity and weaponry involved in paintball is significant, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist; 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation; and, 3. I understand that the activities of paintball are physically and mentally intense. I understand the rules of play and will comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practical: and 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD CAMP BEREA OF NEW HAMPSHIRE, the owners and lessors of premises used to conduct the paintball activities, their officers, officials, agents and/or employees (Releasees), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct. 5. I understand and agree that this Release of Liability Agreement covers each and every paintball activity and even in which I participate hereafter.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**** PLEASE PRINT LEGIBLY ** * PLEASE PRINT LEGIBLY ** ***

Church Group: _____ Leader's Name: _____

Participants Name: _____ Deep Freeze Dates: _____

Address _____ City/State _____ Zip Code _____

PARTICIPANT'S DATE OF BIRTH _____ AGE _____ GRADE _____

Participant's Signature _____ Date Signed _____

(Required by all)

***If under 18 Years of Age A Parent or Guardian Must Read This Form and Sign Below ***

PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of Camp Berea and all other Releasees but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin. The undersigned parent or guardian hereby gives permission for Camp Berea of N.H. to authorize emergency medical treatment as may be deemed necessary for the child named above, while playing paintball games at Camp Berea of N.H. from this date thru year end.

X _____

PARENT/GUARDIAN'S SIGNATURE

EMERGENCY PHONE NUMBER

DATE SIGNED