

All American Paintball Field
26811 HWY. 22
Charleston, AR 72933
Phone: 479.965.2068
Fax: 479.965.2077
Web: www.AllAmericanField.com
Email: pb@allamericanfield.com

Name: _____

Parent Signature will allow child under 18

Address: _____

to participate for the current calendar year

City: _____ State: _____

Date: _____ Zip Code: _____

Parent or Guardian Signature

Age: _____ Phone Number: _____

Date: _____

Waiver & Agreement Form

I Will Always Wear Goggles or Mask In Or Near Playfield. I am completely aware of the risk, involved and that there is the possibility of additional risk if paintball gun or other equipment does not function properly. I also indemnify the lessor and employees against **and shall hold both harmless from any and all claims, actions, suits, procedures, cost, expenses damages and liabilities,** including attorney's fees arising out of, connected with or resulting from playing Paintball and /or the equipment, including without limitation, the manufacturer, selection, delivery, possession, use operation of the equipment and the environment. **I nevertheless wish to assume any and all risks.** I hereby waive and release the lessor on behalf of my estate and all others who may play Paintball with me. I also undertake to always play Paintball only in accordance with the safety instructions, rules and suggestions presented to me. Knowing full well the intense physical/mental exertion required to play Paintball, I further warrant that I have no medical problems that this increase in physical/mental exertion would cause me or others harm. I have read and fully understand the terms of this lease agreement. THIS IS FULLY INTENDED TO BE A LEGALLY BINDING CONTRACT. IF YOU HAVE ANY DOUBTS CONCERNING ANY ASPECT OF ITS CONTENTS, CONSULT AN ATTORNEY BEFORE SIGNING IT.

I STATE THAT I AM AT LEAST 18 YEARS OF AGE AND IN GOOD HEALTH

Player Signature