



CHILD'S NAME:	_____
CAMP:	_____
CAMP DATES:	_____
ADDRESS:	_____
CITY:	_____
PROV:	_____
CODE:	_____

Paintball Waiver Form

Expectations of Participants

Approved Protective Eye Wear must be properly worn at all times during Paintball participation and in all places as specified by signage and no player shall point an air gun at another person who is not wearing approved eye wear. All game rules, regulations and staff shall be obeyed at all times and air guns shall be handled safely and shot only in approved areas. All players are required to have an approved barrel block on or in their barrels unless they are playing Paintball within the boundaries of the Paintball course. Any person may, at the discretion of Camp Caroline staff, be cancelled from participation for any reason that the staff member deems adequate.

Assumption of Risk:

I, the undersigned, wish to play Paintball, I recognize and understand that playing Paintball involves certain risks. Those risks include, but are not limited to, the risk of injury resulting from possible malfunction of the equipment and injuries from tripping or falling over obstacles in the Paintball course. In addition, I recognize that the exertion of playing Paintball could result in injury or death.

Despite these and other risks, and fully understanding such risks, I wish to play Paintball and hereby assume all of the risks of playing Paintball. I also hereby hold harmless Camp Caroline and indemnify them against any or all claims, action suits, procedures, costs, expenses (including attorney's fees and expenses), damages and liabilities arising out of, connected with, or resulting from my playing Paintball, including without limitation, those resulting from the manufacture, selection, delivery, possession, use or operation of said equipment. I hereby release Camp Caroline from any and all such liability, and I understand that this release shall be binding upon my estate, my heirs, my representatives and assigns. I hereby certify that I am in good health and do not suffer from a heart condition or other ailment which could be exacerbated by the exertion involved in playing Paintball.

Release Of Liability. Waiver Of Claims And Indemnity Agreement

In consideration of participating in Paintball, I hereby agree as follows:

1. To waive any and all claims that I have or may in the future have against Camp Caroline, their directors, officers, employees, agents and representatives (all of whom are hereinafter collectively referred to as "the Releasees");
2. To release the Releasees from any and all liability for any loss, damage, injury or expense that I may suffer or that my next of kin may suffer as a result of my participation in Paintball due to any cause whatsoever.
3. To hold Harmless and Indemnify the Releasees from any and all liability for any damage to property of or personal injury to, any third party, resulting in my participation in Paintball; and
4. That this agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of my death.
5. I further agree to return all of the equipment in good condition and if any of the equipment I use is lost or damaged, I hereby agree to pay promptly for the loss or damage, and the decision of the costs by Camp Caroline shall be final and binding upon me.
6. I expressly agree that the foregoing Release of Liability is intended to be as broad and inclusive as is permitted by the law of the Province of Alberta in which Paintball is conducted, and that if any portion thereof is held invalid, it is agreed that the balance shall nevertheless continue in full legal force and effect and be binding upon me.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I AND/OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

Participant Date: _____

Participant Sign: _____

Witness Date: _____

Witness Sign _____

Witness Phone: _____

Witness Email: _____

Parent/Guardian Date: _____

Signature of Parent if Participant is less than 18 years old