

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EMAIL _____
DATE _____ TEAM NAME _____

WAYNE'S WORLD OF PAINTBALL
Ocala, Florida
The United States of America
GENERAL RELEASE

KNOW ALL MEN BY THESE PRESENTS THAT

THE UNDERSIGNED, being of lawful age, for the sole consideration of being granted the opportunity to participate in the below described event does hereby and for his/her heirs, executors, administrators, personal representatives, successors and assigns release, acquit and forever discharge in the United States of America and the Owner of any lands utilized by Wayne's World of Paintball in the conduct of its operations and its or their agents, servants, successors, personal representatives, heirs, executors, administrators, assigns, and all other persons, firms, corporations, associations, or partnerships of and from any and all claims, actions, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has or which may hereafter accrue or result from on account of or in any growing out of any and all known and unknown, foreseen and unforeseen, bodily and personal injuries and property damage and the consequences thereof resulting or to result or which may result from any accident, casualty or event which may or did occur for any reason in connection with or arising out of or on account of the undersigned's participation in simulated combat situations, whether as contestant or observer, held on the date of execution hereof.

It is understood and agreed that this release is made in order to induce Wayne's World of Paintball, Florida Paintball Productions and Scenario Directors to allow the undersigned to participate in the event herein referenced and that such inducement is material to Wayne's World of Paintball's decision to allow the undersigned to so participate. Furthermore, the undersigned agrees to follow and abide by the letter and spirit of the rules of safety and play as defined by Wayne's World of Paintball and/or its representatives. Specifically, the undersigned agrees to wear at all times while on the playing field eye protection approved by Wayne's World of Paintball and/or its representatives.

The undersigned hereby declares and represents that he/she acknowledges and understands that any injuries which may be sustained for any reason may be permanent and progressive and that recovery therefrom is uncertain and indefinite, or may be fatal, and in making this Release it is understood and agreed that the undersigned intends to assume any and all risks of loss, including property damage losses, and indemnifies and saves Wayne's World of Paintball and/or its representatives from any damage, loss, claim, cost, and expense of any kind or nature.

The undersigned further declares and represents that no promise, inducement, or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not a mere recital, and that it is made freely, knowingly and intentionally.

The foregoing Release and its conditions are understood to apply to all other individual players, as well as Wayne's World of Paintball and the land owners or Scenario Directors and Promoters of paintball games.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT. THE UNDERSIGNED REPRESENTS THAT HE/SHE CAN READ AND WRITE THE ENGLISH LANGUAGE AND HAS SIGNED THIS RELEASE FREELY AND WITHOUT DURESS OR UNDER INFLUENCE OF ANY KIND.

THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT THE EVENT ABOVE DESCRIBED MAY INVOLVE A HIGH DEGREE OF RISK OR PHYSICAL INJURY OR DEATH; THAT THE SIMULATED COMBAT SITUATIONS INVOLVE USE OF A GAS POWERED WEAPON SHOOTING PAINT-FILLED GELATIN PROJECTILES AND THAT IT IS HIGHLY PROBABLE THAT THE UNDERSIGNED WILL BE HIT BY ONE OR MORE SUCH PROJECTILES.

In witness whereof I have hereunto set my hand and seal and delivered this Release the day referenced above.

SIGNATURE _____ Date _____

WE MAINTAIN THE RIGHT TO REFUSE PARTICIPATION TO ANYONE
ON ANY GROUNDS DEEMED APPLICABLE BY US.

SPECIALTY INSURANCE LLC

Industry Insurance Programs

Wayne's World of Paintball Inc. = WWP

Phone: (352) 591-2210

RELEASE OF LIABILITY, INDEMNITY AND ASSUMPTION OF RISK READ BEFORE SIGNING

IN CONSIDERATION of being permitted to participate in any Paintball and/or Airsoft activities including, but not limited to, playing, using the premises of, renting and operating equipment leased, sanctioned and/or operated by the above named vendor, I acknowledge and agree that:

I fully understand and acknowledge that; (a) risks and dangers exist in my use of Paintball and/or Airsoft equipment and my participation in Paintball and/or Airsoft activities; (b) my participation in such activities and/or use of such equipment may result in my injury or illness including but not limited to bodily injury, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of **WWP**; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of **WWP**, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify **WWP** and it's owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of Paintball and/or Airsoft equipment or my participation in Paintball and/or Airsoft activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of **WWP**. This waiver is good through **3/1/2021**.

MEDICAL PERMISSION AUTHORIZATION

If the participant is of minority age, the undersigned parent or guardian hereby gives permission for **WWP** to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in Paintball and/or Airsoft games.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE WWP FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Print Name

Age

Date of Birth

Phone

Signature

Address

City, State Zip

Signature of Parent/Guardian (if less than 18 years old)

E-mail

Date: _____