

Ohatchee Airsoft Field

READ CAREFULLY

WAIVER AND RELEASE OF LIABILITY

In consideration of **OAF** furnishing services and/or equipment to enable me to participate in **airsoft** games, I agree as follows:

I fully understand and acknowledge that; (a) risks and dangers exist in my use of **airsoft** equipment and my participation in **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 OAF; 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 OAF 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 **OAF** and its 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 **airsoft** equipment or my participation in **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 OAF.

MEDICAL PERMISSION AUTHORIZATION

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

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE OAF FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE. IN THE EVENT THAT I DAMAGE PROPERTY WHILE AT OHATCHEE AIRSOFT FIELD, I UNDERSTAND THAT I WILL BE LIABLE FOR THE REPLACEMENT COST OF THE ITEM/ITEMS THAT I HAVE DAMAGED. PAYMENT FOR THOSE ITEMS IS EXPECTED AT THE TIME THAT THE DAMAGE OCCURS. IF I REFUSE TO PAY FOR ITEMS THAT I HAVE DAMAGED, I UNDERSTAND THAT I MAY RISK PROSECUTION. FEES FOR ITEMS (LOSE OR BREAK) ARE AS FOLLOWS: CLIPS \$20 HELMETS \$30 VEST \$60 GUNS \$250 GOGGLES \$20 GLASSES \$10 MASKS \$15

The Ohatchee Airsoft Field & Jill Parsley-Visual Artist has my permission to use my or my child's photograph publically to promote the Ohatchee Airsoft Field & Jill Parsley-Visual Artist. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

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: _____			