Strategy Plus Inc.=SP Fax:(800) 952-9007

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, and operating equipment leased, sanctioned and/or operated by 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, 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 **SP**; the negligence of the participants, the negligence of the 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 **SP**, 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 **SP** and it's owners, agents, officers and employees from any and all claim, actions or losses for bodily injury, property damages, wrongful death, loss of services or otherwise which may arise out of my use of Paintball/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 **SP**.

MEDICAL PERMISSION AUTHERIZATION

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

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

_____ _____ _____ _____
Print name Age Date of Birth Phone number

_____ _____ _____
Signature Street Address City, State, Zip

_____ _____
Signature of Parent/Guardian (if less the 18 years old) E-Mail

Date:_____

Field Manager Use only

Own Equip	Rental	2-Hour Party	Airsoft	Goggles	Pack	Tank	Camo	Paint	Total	Deposit	Amount Due	F.M.