Finger Lakes Christian Paintball
875 Blodgett Road
Rushville, NY 14544
http://www.flcpaintball.org

WAIVER & RELEASE OF LIABILITY

EACH INDIVIDUAL MUST READ AND SIGN THIS RELEASE OF LIABILITY PRIOR TO PARTICIPATION

In order to participate in these activities, I the undersigned agree and acknowledge that:
there is risk of injury, including a potential for permanent disability or death resulting from participation in these activities or from the equipment involved,

I freely assume all such risks both known and unknown and assume full responsibility for my participation,

I have read and understand the rules, including all safety-related rules, and agree to fully comply with all regulations during my participation,

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin hereby release and hold harmless **Dale Stevens** and his family from any and all liability for
injury, disability, death, loss or damage to personal property,

I acknowledge, understand and agree that I have read this release of liability and assume all risk associated with participating and that I sign this release of liability voluntarily and without inducement.

_____ x_____ _____
PARTICIPANTS NAME (please print) **PARTICIPANTS SIGNATURE** **DATE**

_____ _____
AGE **DATE OF BIRTH**

_____ _____ _____
HOME ADDRESS **CITY, STATE** **ZIP CODE**

_____ _____
PHONE NUMBER ***(***Optional) Email Address***

*Enter email address in space provided to get the latest news and information about upcoming events with FLC Paintball.

MINOR AGED PARTICIPANTS

All players under the age of 18 at the time of participation must have a parent or guardian sign below.

I certify that I am the parent or guardian with legal responsibility for the above signed participant and agree to his/her release. I also agree to indemnify the above named companies and individuals from all liabilities resulting from his/her participation in these activities for myself, my heirs, assigns and next of kin.

x_____ _____
PARENT/GUARDIAN'S SIGNATURE **DATE SIGNED**

_____ _____
INSURANCE COMPANY **HOSPITALIZATION INSURANCE POLICY #**