



THIS IS A RELEASE OF LIABILITY - READ BEFORE SIGNING

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY PAINTBALL EVENT.

PARTICIPANT'S NAME _____ DATE OF BIRTH _____
(Please Print)

IN CONSIDERATION of being permitted to participate in any way in the sport and activities of paintball or airsoft under the auspices of WEST BEND MUTUAL INSURANCE CO.-ACTION PACKED PAINTBALL LLC, I acknowledge, appreciate, and agree that:

1. The risk of injury from the activity and weaponry involved in paintball or airsoft is significant, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation.
3. I understand that the activities of paintball or airsoft are physically and mentally intense. I understand the rules of play and will comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practical.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS FROM LIABILITY WEST BEND MUTUAL INSURANCE CO.- ACTION PACKED PAINTBALL LLC, PAINTBALL PROPERTIES LLC, the owners and lessors of premises used to conduct any paintball or airsoft activities, their officers, officials, agents and/or employees ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct.
5. I understand and agree that this Release of Liability Agreement covers each and every paintball or airsoft activity and event in which I participate hereafter.
6. I grant permission for the use of my name and or likeness related to my participation in any event conducted by Action Packed Paintball LLC. I also grant the use of my voice and any and all recorded and or filmed/video/photographed footage of me, and further waive all rights to any compensation, as a result of my name or likeness being used in any way.

BY SIGNING THIS DOCUMENT, I AGREE THAT IF I AM HURT OR MY PROPERTY IS DAMAGED DURING MY PARTICIPATION IN THIS ACTIVITY, THEN I MAY BE FOUND BY A COURT OF LAW TO HAVE WAIVED MY RIGHT TO MAINTAIN A LAWSUIT AGAINST THE PARTIES BEING RELEASED ON THE BASIS OF ANY CLAIM FOR NEGLIGENCE.

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS _____

X _____ Date Signed: _____ Phone #: _____

PARTICIPANT'S SIGNATURE

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of the West Bend Mutual Insurance Co.-Action Packed Paintball LLC and all other Releasees but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

X _____ Date Signed: ____/____/____

PARENT/GUARDIAN'S SIGNATURE

Leave Box Blank

<input type="checkbox"/> Member	<input type="checkbox"/> PBF	NO ID
\$10.00 <input type="checkbox"/> All Day Air		
\$20.00 <input type="checkbox"/> Admission		
\$25.00 <input type="checkbox"/> Full Issue (gun, mask, hopper)		
\$10.00 <input type="checkbox"/> Upgrade (Tippmann, mask, hopper)		
\$5.00 <input type="checkbox"/> Mask ONLY		
\$10.00 <input type="checkbox"/> Air Tank ONLY		
\$5.00 <input type="checkbox"/> Camo		
\$3.00 <input type="checkbox"/> Belt		
<input type="checkbox"/> Misc. _____		

State of Wisconsin)
_____ County)

Subscribed and sworn to before me this _____ day of _____, 20____
_____(Notary Signature)
_____(Print Notary Name)
_____(County, State of Wisconsin)

My Commission _____

OR

Authorized Representative of Action Packed Paintball
_____(Print Name of Witness)