

**INSURANCE WAIVER**

PLEASE **PRINT** CLEARLY AND IN BLOCK CAPITAL LETTERS

**I (FULL NAME).....DATE OF BIRTH.....**

**OF (FULL HOME ADDRESS).....**

**POST CODE.....TELEPHONE NUMBER.....**

I WANT TO PLAY IN THE **COMBATZONE LTD.** PAINTBALL GAMES AND SIGN THIS DOCUMENT IN CONSIDERATION OF BEING GIVEN THE OPPORTUNITY TO ENGAGE IN THIS ACTIVITY.

**I UNDERSTAND THAT:**

- (1) THE GAME IS PHYSICALLY AND MENTALLY INTENSE AND MAY REQUIRE EXTREME EXERTION TO PLAY.
- (2) THE GAME CAN BE DANGEROUS IF NOT PLAYED IN ACCORDANCE WITH THE STATED RULES WHICH I HAVE READ AND UNDERSTOOD.
- (3) THE POSSIBILITY OF INJURY TO MYSELF AND OTHERS EXISTS.
- (4) I WILL BE CHARGED FOR ANY OF THE EQUIPMENT THAT IS NOT RETURNED AT THE END OF THE DAY.

**I CONFIRM AND AGREE THAT:**

- (1) I AM FULLY AWARE OF THE RISKS TO MYSELF AND OTHERS INVOLVED IN THE PAINTBALL ADVENTURES LTD PAINTBALL GAMES AND THAT I WILL NEVER, UNDER ANY CIRCUMSTANCES, DELIBERATELY SHOOT ANYONE IN THE FACE OR HEAD.
- (2) I AM PHYSICALLY FIT AND MENTALLY ABLE TO TAKE ON THE STRAIN AND EXERTION INVOLVED IN PLAYING THE GAME.
- (3) I WILL COMPLY WITH THE COMBATZONE LTD PAINTBALL GAMES RULES AND USE THE EQUIPMENT AS INSTRUCTED AND NOT SO AS TO HURT OTHERS AND WILL OBEY ALL DIRECTIONS OF THE MARSHALS AND JUDGES.

**(4) I WILL WEAR MY GOGGLES AT ALL TIMES AND WILL NOT REMOVE THEM WITHOUT THE EXPRESS PERMISSION OF A MARSHAL WHILST OUTSIDE THE MAIN BASE CAMP AREA.**

**RELEASE:**

I HEARBY RELEASE, REMISE AND FOREVER DISCHARGE FROM ANY CLAIMS AND LIABILITIES WHATSOEVER WITHOUT LIMITATION THAT I MIGHT HAVE AGAINST THE COMPANY "COMBATZONE LTD" ITS OWNERS ITS DIRECTORS ITS EMPLOYEES THE OWNERS OF THE PROPERTY THE MANAGERS OF THE PROPERTY ON WHICH THE GAME IS BEING RUN AND ANY OTHER PLAYER IN THE GAME WHO MIGHT INJURE ME HOWEVER ARISING AND I MAKE THIS RELEASE ON BEHALF OF MYSELF MY HEIRS EXECUTORS ASSIGNS AND ADMINISTRATORS.

I HAVE READ AND FULLY UNDERSTOOD ALL THE TERMS OF THIS DOCUMENT AND CONFIRM THAT I AM NOT RELYING ON ANY STATEMENTS OR REPRESENTATIONS BY ANY PERSON OR ENTITY AS AN INDUCEMENT TO MY FULLY AND VOLUNTARILY ENGAGING THE GAME, ASSUMING THE RISKS AND OBLIGATIONS MENTIONED ABOVE AND SIGNING THIS DOCUMENT.

**SIGNED.....DATE.....**

IF YOU DO **NOT** WANT TO RECEIVE INFORMATION ON FUTURE SPECIAL DAYS, PLEASE TICK THIS BOX.

EMAIL ADDRESS:

FAX NUMBER

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