

Holland Paintball Adventure Park
Membership Agreement

Name (First MI Last) _____ Birthday ____ - ____ - ____ Age ____

Address _____ Telephone _____

City _____ State ____ Zip Code _____ Email _____

The undersigned desires to pay the activities offered by this paintball field, and agrees to the terms of agreement in consideration of being given the opportunity to engage in the sport referred to as "Paintball".

Activities: The activities are physically and mentally intensive and may require exertion to play with the existence of possible injury to myself and others. Such activities can be dangerous if not play in accordance with stated rules which by signing below acknowledges I have read, understand and will comply.

Acknowledgment: I am fully aware of the risk and that I am physically and mentally able to be fully involved in these activities and will comply with all rules, regulations and the full and complete use of all safety equipment in order to avoid injury to myself or other participants.

Release: I hereby release, remise and forever discharge from any claims and liabilities whatsoever without limitations that I might have against Holland Paintball Adventure Park, related activities, any operator, landowner, their personnel, or insurance company, hereafter called the sponsors and the property owners, indemnifying them against any and all claims, actions, suits, procedures, costs, expenses (including attorney's fees and expenses), damages and liabilities arising out of, connected with, or resulting from my playing paintball, including, without limitation, those resulting from the manufacture, selection, delivery, possession, use or operation of paintball equipment. I hereby release the sponsors and property owners from any such liability, and I understand that this release shall be binding upon my estate, my heirs, my representatives and assigns. I hereby certify to the sponsors and property owners that I am in good health and do not suffer from a heart condition or other ailment which could be exacerbated (made worse) by the exertion involved in playing the game of paintball.

Assumption of Risk: I confirm that I have specific insurance to cover any injuries or property damages that I may sustain and that I will use this insurance for all covered injuries/damages. I have read and fully understand the terms of this agreement.

Medical Release: I authorize Holland Paintball Adventure Park, its employees, or owner to use whatever means necessary to get medical treatment for myself in the event that I should get injured while on Holland Paintball Adventure Park property. I agree to pay any and all costs involved for this medical treatment and will not hold Holland Paintball Adventure Park, its personnel or owner responsible for any costs.

Advertising Release: I consent to the use of my, pictures of myself for publicity, advertising and endorsements both before and after the events, and I relinquish any rights to photos taken in connection with events and consents to the publication of such photos as the Holland Paintball Adventure Park desires.

Player Signature _____ Date _____

If you are Under 18 Years Old, this agreement must be Signed and Guaranteed by your Parent or Legal Guardian.

GUARANTOR'S AGREEMENT: My signature below indicates that I guarantee the obligations contained within this agreement.

Parent's Signature _____ Address _____

Name (Print) _____ City _____ State _____ Zip _____