Tri-State Paintball Park, LLC
1279 County Rd 411, Proctorville, OH 45669
681-529-1465

LIABILITY WAIVER – INITIAL ON EACH LINE

1. I am in good health. It is my responsibilty to consult a physician before playing paintball.
_____

2. I understand that even when all safety rules are followed, paintball is an inherently dangerous activity. The risks include but are not limited to falling over/on natural and man-made obstacles.
_____

3. Serious and permanent injury can result if I don't wear approved paintball safety goggles in any area where paintball guns may be intentionally or unintentionally discharged. I will not remove my goggles on the playing fields. _____

4. If I remove my mask on the playing field or enter a safety area without the barrel bag over the barrel I may be required to leave the facilities for the day. I will keep the bag on the gun at all times while off the playing fields. _____

5. I will not kick, hit, push or by ant other means or manner, destroy or damage or alter any structure or part of the facilities or equip[ment in any purposeful manner. I will pay for the repair or replacement of said structure or equipment. _____

6. I assume responsibility for any equipment both personal or anything I rent.
Tri-StatePaintballPark, LLC is not responsible for the loss or damage of said property. _____

7. I hereby waive, vacate, release and forever discharge all sponsors, organizers, property owners, propriertors, managers, supervisors, employees and/or their agents and all others connected to the paintball activities including but not limited to Tri-StatePaintballPark, LLC, for all damages, hazards, personal injuries, claims and/or liabilities whatsoever without limitations including attorney's fees and expenses they or I may incur after I have been a participant or spectator, incidental or in any way connected with or arising from my participating or observation in such activities including but not limited to the selling, manufacture, selection delivery, possessing condition or operation of all involved equipment or grounds. _____

Name _____

Address _____

City _____ State _____ Zip _____