



LOF ACCT #

**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 under the auspices of LINE OF FIRE PAINTFIELDS, I acknowledge, appreciate and agree that:

1. The risk of injury from the activity and weaponry involved in paintball 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 release from liability below, and assume full responsibility for my participation; and,
3. I understand that the activities of paintball 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; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS FROM LIABILITY LINE OF FIRE PAINTFIELDS, the owners and lessors of premises used to conduct the paintball 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 gross negligence and/or wanton misconduct.
5. I understand and agree that this Release of Liability Agreement covers each and every paintball activity and event in which I participate hereafter.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X \_\_\_\_\_ **Date Signed:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**PARTICIPANT'S SIGNATURE**

\_\_\_\_\_  
**ADDRESS** **CITY, STATE** **ZIP CODE**

E-Mail Address \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE  
(UNDER AGE 18 AT 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 LINE OF FIRE PAINTFIELDS 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 \_\_\_\_\_ **EMERGENCY PHONE#(S)**  
**PARENT/GUARDIAN'S SIGNATURE**

**Date Signed:** \_\_\_\_\_



## EMERGENCY MEDICAL PERMISSION FORM

The undersigned parent or guardian hereby gives permission to LINE OF FIRE PAINTFIELDS, to authorize emergency medical treatment as may be necessary for the child named below, while playing paintball games at LINE OF FIRE PAINTFIELDS from this date \_\_\_\_\_ through year end.

NAME OF PLAYER (AGE 10 TO 15)

TELEPHONE

ADDRESS

CITY, STATE

ZIP CODE

SIGNATURE OF PARENT OR GUARDIAN (RELATIONSHIP)

HOSPITALIZATION INSURANCE POLICY NUMBER

INSURANCE COMPANY

In addition to this form, LOF WAIVER MUST BE SIGNED BY PARENT OR GUARDIAN, as well as by the minority age player.

## MODEL RELEASE FORM

For valuable consideration received, I hereby grant to LINE OF FIRE PAINTFIELDS/SPLATSHOTS/TOBY JOE GILREATH, and his legal representatives and assigns, the irrevocable and unrestricted right to use and publish photographs of me, or in which I may be included, for editorial trade, advertising and any other purpose and in any manner and medium; and to alter the same without restriction. I hereby release LINE OF FIRE PAINTFIELDS/SPLATSHOTS/TOBY JOE GILREATH and his legal representatives and assigns from all claims and liability relating to said photographs.

NAME OF MODEL (Please print)

SIGNATURE OF MODEL

ADDRESS

CITY, STATE

ZIP CODE

TELEPHONE

SIGNATURE OF PARENT OR GUARDIAN (RELATIONSHIP)  
(Required if model is under age 18)

TELEPHONE