

# Southeastern Baptist Youth Camp Paintball

## WAIVER AND RELEASE OF LIABILITY MEDICAL PERMISSION AUTHORIZATION

In consideration of Southeastern Baptist Youth Camp and its sponsors furnishing services and/or equipment to enable me to participate in paintball games, I agree as follows: I fully understand and acknowledge that;

- (a) risks and dangers exist in my use of Paintball equipment and my participation in Paintball activities.
- (b) my participation in such activities and/or use of such equipment may result in my injury, illness, or death, including but not limited to bodily injury, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability.
- (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of SBYC and its sponsors; the negligence of the participants, the negligence of others, or accidents, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and
- (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of SBYC and its sponsors, or by any other person. I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify SBYC and its sponsors and their owners, agents, officers and employees, and land owners, from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of Paintball equipment or my participation in Paintball activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of SBYC and its sponsors.

If the participant is of minority age, the undersigned parent or guardian hereby gives permission for SBYC and its sponsors to transport and authorize emergency medical treatment as may be deemed necessary by medical personal for the child named below while participating in paintball games.

**I HAVE READ THE ABOVE WAIVER AND RELEASE, AND BY SIGNING IT, AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE SBYC & ITS SPONSORS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE. (Note: Each player is required to fill out a separate Waiver/Release form including minors.)**

### PHOTO RELEASE MINOR AGE PARTICIPANTS

By signing, you also authorize use of photographs and/or video and sound recordings of you and/or your children for promotional and other camp purposes.

All players under the age of 18 at the time of participation must have a parent or legal guardian sign below. I certify that I am the parent or guardian with legal responsibility for the above signed participant and agree to his/her release. I also agree to indemnify the above named companies and individuals from all liabilities resulting from his/her participation in these activities for myself, my heirs, assigns and next of kin. I also understand that I am financially responsible for any lost, damaged, or stolen rental equipment that the above participant rents from SBYC.

### REGISTRATION INFORMATION

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_

Phone \_\_\_\_\_ Phone of Parent/Guardian \_\_\_\_\_

Signature \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ (if less than 18 yrs. old)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_