

IMPORTANT: THIS IS A LEGAL DOCUMENT

Please read and understand this document before signing. If you have any questions please ask us or consult an attorney.

Travis Air Force Base (AFB), Xtreme Paintball Range, 60th Force Support Squadron, (60 FSS) and its staff have done everything possible to assure that our patrons have a rewarding Paintball experience. We wish to inform our patrons that Paintball is not risk free. The same elements that contribute to the unique character and fun of Paintball, such as physical exertion or being in the outdoors can cause loss or damage to equipment, and injury, illness or in extreme cases, permanent trauma or death to yourself or others under your supervision. We do not want to heighten or reduce your enthusiasm for the experience, however, we want you to be aware in advance of what to expect, and be informed of some of the possible risks. It is mandatory that you read and sign this release and waiver, then return it to a staff member prior to any paintball activities engaged in at Travis AFB's Xtreme Paintball Field.

PAINTBALL ACKNOWLEDGEMENT OF RISK

I, (*Print Name Clearly*) _____ acknowledge and agree that the sport of Paintball is an inherently dangerous activity. The game involves the use of pressurized markers that fire pellets containing biodegradable dye, which are designed to burst on impact. Under normal conditions the paint pellets will not break skin on impact. However, should a pellet strike a person in the eyes, ears, nose or any vital area of the body which is not adequately protected, temporary or permanent muscle soreness; sprains; strains; cuts; abrasions; bruises; ligament and/or cartilage damage; head; neck or spinal injuries; loss of use of arms and/or legs; disfigurement or in extreme circumstances death, may occur. It is my responsibility to obey all rules at the Paintball facility and to utilize all safety equipment at all times which is required by the Paintball facility. Safety equipment is designed to minimize the risk of injury and/or death, but its proper use does not guarantee that such injury will not occur.

I understand that; (1) there are both foreseeable and unforeseeable risks of injury that may occur as a result of participating in this program; (2) serious and permanent eye injury, including loss of eyesight, can occur regardless if I wear approved paintball safety goggles in any area where paintball guns may be intentionally or accidentally discharged; (3) I understand that it is my responsibility to wear approved paintball goggles and I accept that responsibility; (4) goggles can fog or become dirty, and I agree that despite any such problems, I will not remove my goggles under any circumstances while I am on the playing field, at the target area or any other area I may be struck by a paintball; (5) although the field operator and staff will attempt to enforce safety and playing rules, I may be injured or die because other persons did not follow the rules; and (6) playing paintball involves risks, which include, but are not limited to, the risk of injury from being hit by paintballs, injuries from possible malfunction of equipment used in the game, and injuries from falling over natural or manmade obstacles on the game fields and in the staging area. Additionally, I may be playing the game on rough and hazardous terrain with wildlife. Although this facility has taken steps to minimize the hazards of the facility, the risk of injury can not be completely eradicated and there remains the risk that a participant could be injured as a result of the hazardous nature of the terrain and wildlife.

TRANSPORTATION ACKNOWLEDGMENT OF RISK

As part of the paintball program, Travis AFB, 60th Force Support Squadron, may provide transportation by motor vehicle, van, or bus to and from the starting and ending point. In that event, I understand and agree that I cannot hold AMC liable for any injury I received due to the transportation the United States Air Force, 60 FSS, provides. I agree that the terms of this release shall cover any injury I receive due to an accident on the part of United States Air Force, 60 FSS, whether by their negligence or the negligence of others.

CONTRACT, WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION

I certify that I am fully capable of participating. I state that I have read the above statement on some of the possible risks associated with Paintball. Therefore, I assume full responsibility for myself for bodily injury, death, and loss of personal property and any expenses as a result of my negligence, negligence of my family, negligence of another participant in the Paintball program, or the negligence of Air Force MWR AMC and its staff. I also understand that United States Air Force, 60 FSS, reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in Paintball. I am in good physical condition and able to participate in the sport Paintball.

I agree to indemnify and hold harmless Air Force MWR, United States Air Force, 60 FSS, AMC and its staff, and the U.S. Air Force and its members, agents and employees from all claims, damages, losses, injuries and expenses arising out of or resulting from participation in these activities. I further agree to release, acquit and covenant not to sue Air Force MWR, United States Air Force, 60 FSS, AMC and its staff, and the U.S. Air Force and its members, agents and employees for any/ all actions or claims arising out of participation in the paintball program.

PLEASE READ OTHER SIDE

In short, I cannot sue the Travis AFB, 60 FSS, and its staff, and the U.S. Air Force and its members, agents and employees, and if I do, I cannot collect any money.

I agree that the site of any lawsuit, and the law governing any such lawsuit, shall be governed under the Federal Tort Claims Act, Military Claims Act, Foreign Claims Act, Suits in Admiralty Act, Public Vessels Act or Admiralty Extension Act, which ever is applicable. The terms of this agreement shall continue and be in effect after the Paintball trip/program or activity has ended.

I hereby agree that if the U.S. Air Force, Air Force MWR or AMC is forced to defend any action, lawsuit or litigation by myself, my executors, or my heirs, on my family's or my behalf, my heirs or executors and I agree to pay court costs and attorney fees if they successfully defend such action, lawsuit or litigation.

Should a court of competent jurisdiction declare any paragraph or part of this agreement unenforceable, the remaining parts or paragraphs shall remain in full force and effect. A copy of this release can be used as if it was an original.

CONSENT TO PUBLICATION OF PHOTOGRAPH

I authorize and release to United States Air Force, Travis AFB, 60 FSS, and its staff the use of my image in any photograph or video recording for any purpose of the United States Air Force, Travis AFB, 60 FSS.

MEDICAL TREATMENT CONSENT

I hereby give permission for transportation to any medical facility or hospital and I authorize any qualified guide, or medical personnel to render necessary emergency medical care for me. I hereby authorize the release of any medical information, including information concerning my HIV or "AIDS" status, in the possession of United States Air Force, 60 FSS, to any medical facility, hospital, ambulance, first aid provider, first aid service, doctor, nurse or other such person rendering care on my behalf. I hereby waive any action or claim against United States Air Force, Travis AFB, 60 FSS, and its staff or any health care provider, hospital, doctor, nurse or first aid provider for the release of this medical information including my HIV or "AIDS" status.

I have adequate health, disability and life insurance for myself.

I, _____, of my own free will, have read, understand, and acknowledge the risks and liability for myself, this _____ day of _____ (month/year).

I do not have any medical condition that would prevent my participation in this activity.

I have read and understood this agreement.

PARTICIPANT SIGNATURE

DATE OF BIRTH AGE

PRINTED NAME

GUARDIAN SIGNATURE OF MINOR PARTICIPANT

ADDRESS

RELATIONSHIP TO MINOR PARTICIPANT

EMAIL ADDRESS (optional) _____

Dot down your email address if you would like to receive news, special promotions, and updates from Xtreme Paintball. Email addresses and other personal information will never be publicly replicated, distributed, or sold.

IN CASE OF EMERGENCY PLEASE CONTACT: _____

PHONE: _____

I CARRY MEDICAL INSURANCE. YES _____ NO _____ GROUP NUMBER: _____

NAME OF PROVIDER: _____

PLEASE READ OTHER SIDE