Application to Play Paintball - 2017

Please fill in all blanks, and give to the field operator when you arrive at NR Paintball LLC. **Print Clearly!**

I, the undersigned, want to play the paintball activities offered by NR Paintball LLC, and sign this application in consideration of being given the opportunity to engage in this sport.  **(THIS APPLICATION WILL COVER ALL PLAY DATES FOR THE ENTIRE 2017 YEAR)**

Player’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O. B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_

 Emergency Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand and acknowledge that:**

**\***The activities are physically and mentally intense and may require extreme exertion to play and the possibility of injury to myself and others does exist. The acknowledged risks of physical injury include, but are not limited to, risk of **bruises, abrasions, contusions, sprains, fractures, serious eye injury or even death.** I fully assume the risks of injury inherent in engaging in these activities.

**\***The activities can be dangerous and are to be played in accordance with the stated rules, which will be given to you and posted at the site of the activities. I certify that I have read and fully understand the stated rules of the activity and will abide by them.

**I have received a copy of the Field Safety Rules. Initial\_\_\_\_\_\_\_**

**I confirm and agree 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 equipment so as not to injure or hurt myself or other participants.

**\***In consideration of being permitted to attend and/or participate in the activities, I hereby specifically release, discharge and hold harmless NR Paintball LLC, The Adkins Family, and all agents and members, without exceptions, from any and all liability, responsibility, damage or loss, where known or unknown, existing or potential, that I or anyone else may claim, including but not limited to, personal injury, illness, mental distress or disability of any type, or death, or property damage, whether or not caused by my own negligence or the negligence of anyone else, and whether or not caused by the negligence of NR Paintball LLC, The Adkins Family, or any of their agents, or members, during my attendance, of and/or participation in the activities. I further agree to defend and indemnify NR Paintball LLC, The Adkins Family, their agents and members against any and all claims, legal actions, suits, procedures, costs, expenses (including attorney’s fees and expenses) damages and/or liability arising out of, connected with, or resulting from my playing/participating in the paintball activities, including, without limitations, those resulting from the manufacture, selection, delivery, provide defense and indemnity as outlined above shall be binding upon my estate, my heirs, my representatives and assigns.

**I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT, AND HAVE VOLUNTARILY AND FREELY SIGNED IT WITH THE INTENT THAT IT BE, AND UNDERSTANDING THAT IT IS, A LEGALLY BINDING CONTRACT. TO THE EXTENT THAT I HAVE ANY DOUBTS CONCERNING ANY ASPECT OF ITS CONTENTS OR THEIR MEANING, I WILL CONSULT AN ATTORNEY BEFORE SIGNING IT. THIS APPLICATION WILL COVER ALL PLAY DATES IN 2017.**

**THIS IS A RELEASE, READ BEFORE SIGNING**

**I AM AT LEAST 18 YEARS OF AGE AND HAVE EXECUTED THIS AGREEMENT ON THE DAY, MONTH AND YEAR WRITTEN BELOW. THIS APPLICATION COVERS ALL PLAY DATES IN 2017.**

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPLETE THIS SECTION IF YOU ARE UNDER 18 YEARS OLD:**

**If you are under 18, please have this Agreement guaranteed by having your parent or legal guardian sign below.**

GUARANTOR’S AGREEMENT: My signature below indicates that I guarantee all of the obligations imposed upon the minor participant under this agreement and have read and fully understand all of its terms.

Guarantor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guarantor’s name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_