

Scottsbluff Family YMCA

Liability Wavier

Paintball Activities

I, _____ do hereby acknowledge that I have been fully informed of the inherent hazards and risks associated with the recreational activity generally described as PAINTBALL, including paintball and airsoft games and activities, the rental of equipment associated therewith of which I am about to engage in. I understand that these inherent hazards and risks may include but are not limited to:

1. Risk of injury from the activity and the equipment is significant including the potential for permanent jury and death.
2. Possible equipment failure and/or malfunction of all rental equipment.
3. This activity takes place outdoors and therefore includes risks associated with exposure to elements, excessive heat, hypothermia, impact, encountering objects either natural or man-made, exposure to animals with the attendant risks for causing injury and/or death.
4. My own negligence and/or the negligence of others, including but not limited to operator error and guide's decision making including misjudged terrain, weather, trails and route location.
5. Attack by or encounter with insects, reptiles and/or other wildlife.
6. Fatigue, chill and/or dizziness, which may diminish my reaction time and increase the risk of accident.
 - **I understand the description of these risks is not complete and that unknown or unanticipated risks may result in injury, illness or death.***

By participating in the activities described above, I hereby acknowledge and agree to the following: **I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the Scottsbluff Family YMCA and it's members, guests, officers, agents and employees from any and all claims, actions for losses for bodily injury, property damage, wrongful deaths, loss of services or otherwise which may arise out of my participation in paintball / airsoft equipment or my participation in any 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 members, guests, officers, agents and employees of the Scottsbluff Family YMCA.**

Medical Release Authorization

If the participant is a minor, the undersigned hereby gives permission for the Scottsbluff Family YMCA to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in paintball / airsoft activities.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISH AGREEMENT, AND I FULLY UNDERSTAND IT'S TERMS AND UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant	Signature of Adult Participant	Date
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Address, City, State, Zip	Phone Number	Date of Birth
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Name of Responsible Adult, Parent or Guardian	Signature of Responsible Adult, Parent or Guardian
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