

Last Name of Participant/Player: \_\_\_\_\_

# SAFETY RULES • WAIVER & RELEASE OF LIABILITY MEDICAL AUTHORIZATION FOR MINORS Paintball Recreation Field

Franklin Recreation, L.L.C. • 3015 Creston Road • Paso Robles • California • 93446

Print your name here before reading. Once you have read and understood the document then place your signature at the bottom and date.

Please print your name here:

\_\_\_\_\_

## Safety Rules

1. Face mask **ON** at all times during play.
2. Barrel plug/bag **IN** when not in play.  
*Read Rules #1 and #2 repeatedly, then proceed to the "NO" Rules*
3. **NO** shooting within 20 feet of opponent. Shout "Surrender!" Comply to surrender
4. **NO** shooting within 10 feet, absolutely!
5. **NO** shooting or test firing in the common maskoff area.
6. **NO** blind firing, see your target.
7. **NO** aggressive physical contact or directed or abusive language.
8. **NO** over shooting, once you have tagged a player, stop shooting.
9. **NO** helping yourself to other's property.
10. **NO** velocity speeds over 250 ft. per second.
11. **NO** shooting referees.
12. **NO** wiping, take the hit.
13. **NO** alcohol before or during play
14. **NO** wiping of the plastic mask lens with dirty, gritty, sandy towels or rags!
15. **NO** drugs!

I have read and agree to follow the above safety rules.

Signature of Participant/Player: \_\_\_\_\_ Date: \_\_\_\_\_

Email of Participant/Player: \_\_\_\_\_ @ \_\_\_\_\_

**\*\*Email addresses are used to notify players of upcoming tournaments and events. This is an optional item.**

Last Name of Participant/Player: \_\_\_\_\_

## Waiver and Release of Liability

For consideration of \$1, or the cost included in the Field Fee, or for consideration of furnishing services, equipment or a combination thereof to enable me to participate in the paintball games, I agree as follows:

I, the undersigned, 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 paintball activities and/or use of such equipment may result in my injury or illness including but not limited to bodily injury, strains, bruises, fractures, disease, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability;
- (c) these risk and dangers may be caused by the negligence of the owners, employees, officers, or agents of Franklin Recreation, L.L.C. ; the negligence of the participants, the negligence of others, accidents, breaches of contract, 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 part by the negligence or other conduct of the owners, agents, officers, employees of Franklin Recreation, L.L.C., or 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 Franklin Recreation, L.L.C. and it's owners, agents, officers, and employees 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 Franklin Recreation, L.L.C..

**I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT, AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE FRANKLIN RECREATION, L.L.C. FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.**

Today's Date \_\_\_\_\_

Email: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Signature of Participant/Player\*\*: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Signature of Parent or Legal Guardian is required if Participant/Player is under the age of 18. Medical Permission must be completed by Parent or Legal Guardian.**

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Absolutely NO DRINKING OR DRUG USE (medical or other) before or during play!**

(if participant is under the age of 18, please proceed to page 3)

Last Name of Participant/Player: \_\_\_\_\_

## Medical Permission Form for a Minor

**Franklin Recreation, L.L.C. cares about your youngster! Paintball is a very safe game, safer even than bowling according to insurance statistics. But, to be sure we are properly prepared if anything should happen, please help us by completing this form.**

Full name of Minor: \_\_\_\_\_

Nick Name of Minor: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ (Check One) Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Does this child have any special medical conditions which we should be aware of?  
YES \_\_\_ NO \_\_\_ (Check One)

If Yes, describe \_\_\_\_\_

Procedure/Instructions \_\_\_\_\_

The undersigned parent or guardian hereby gives permission for: Representatives of Franklin Recreation, L.L.C. to authorize emergency medical treatment as may be deemed necessary for the minor child named above, while playing paintball games at Franklin Recreation, L.L.C. outdoor field located at 3085 Creston Road, Paso Robles, California.

Permission is granted for this authority from the date of \_\_\_\_\_ thru the future date of \_\_\_\_\_.

Parent/Guardian(Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Pager \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Medical Insurance Policy Number \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Physician to contact: \_\_\_\_\_ phone \_\_\_\_\_ Pager \_\_\_\_\_

SIGNATURES OF PARENT/GUARDIAN \_\_\_\_\_ Date \_\_\_\_\_

California Driver's License No. \_\_\_\_\_

Second alternative contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_