

**WAIVER OF LIABILITY / APPLICATION TO PLAY OR OBSERVE PAINTBALL  
THIS IS A LEGALLY BINDING DOCUMENT, PLEASE READ IT CAREFULLY**

**A copy of this waiver must be signed by each individual in order to be permitted to engage in the playing and/ or observation of any paintball games, events, or activities with Rowan Paintball. In the event that the individual is under 18 years of age, this waiver must be signed by that individual's parent(s) or legal guardian(s).**

1. I understand that I may be injured while playing paintball and that any pre-existing medical conditions could be worsened by my participation including , but not limited to, possible allergic reactions or injuries due to environmental exposure.
2. I understand that even if all the safety rules are followed, there is a possibility of injury. I freely and voluntarily accept the risk of injury from my participation in paintball and/ or from being a spectator.
3. I understand that serious and permanent eye injury, including loss of eyesight, can occur if I do not wear approved paintball safety goggles in any area where paintball markers may be intentionally or accidentally discharged. **I agree to never remove** my goggles under any circumstance while I am on the playing field or any other area where I may be struck by paintballs.
4. I agree to abide by all paintball safety and playing rules. I also understand that, although Rowan Paintball will attempt to enforce safety and playing rules, I may be injured because other persons did not follow the rules.
5. I understand that I will be exposed to risks and hazards. I freely and voluntarily acknowledge these risks and hazards and nonetheless wish to play paintball.
6. I understand that 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 injury from falling over natural or man-made obstacles on the game fields.
7. I certify that I am in good health and that I do not have a heart condition, ailment or condition which could be worsened or cause me injury, illness, or death as a result of exertion involved in playing paintball. I understand that I am responsible for consulting a physician before playing paintball.
8. As a condition of playing paintball on these premises and/or to be allowed on these premises, I knowingly and voluntarily waive my legal rights that I may have against the field operator, game sponsors, the land owner, equipment manufacturers and distributors, Rowan Paintball, its members, employees, directors, and officers.
9. I agree to hold harmless each and all of the above parties, and to indemnify each and all of the above named parties against, any and all claims, actions, suits, costs, expenses (including attorney's fees), damages, and liabilities arising out of, connected with, or resulting from my playing paintball.
10. I understand that I must sign this Waiver as a condition of being allowed on these premises/and or to play paintball. I also understand that no one, including the field operator, has the authority to change any of the terms of this Waiver.
11. I understand that I am fully liable and financially responsible for any equipment issued/rented to me. I also understand that I am financially responsible for the **loss or damage of any such issued/rented equipment**, structures or property of Rowan Paintball.

**Player's Name** \_\_\_\_\_ **Player's Signature** \_\_\_\_\_

**Parent /Guardian Signature (players under 18 years old)** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**First Time Playing?**    Yes    No                      **Would you like to be on an email event list?**    Yes    No