

BATTLEGROUNDZ.net
100 Higginson Ave Lincoln, RI 02865
RELEASE AND WAIVER OF LIABILITY AGREEMENT
PLEASE PRINT CLEARLY
2018

Players using BGZ rental equipment are expected to use the equipment the way in which it is intended to be used. We reserve the right to revoke a player's privilege to rent our equipment without refund if we feel the equipment is being misused. Horseplay will not be tolerated. Players may be found liable for replacement cost of returned broken equipment if the damage was caused by misuse.

I, _____ (participant's printed first & last name), acknowledge that I have voluntarily applied to participate in Paintball, Airsoft, Nerf-style dart games, Dodgeball, Archery Tag, Splatmaster and/or Laser Tag at BattlegroundZ.net.

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER AND EXPOSURE TO CUTS AND BRUISES AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

As consideration for being permitted by Battlegroundz.net (the "Company") to participate in these activities and use the Company premises and facilities, I forever release the Company and any affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasees, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release. I also give BattlegroundZ.net and their photographers and staff the absolute right and permission to publish, copyright, and use pictures (including moving pictures) of me in which I may be included in whole or in part, composite or retouched in character or form: If person photographed is under 18, I certify that I am his or her parent or legal guardian and I give my consent without reservation to the forgoing on his or her behalf. *ANY person under the influence of drugs and/or alcohol MAY NOT participate in these activities. THIS IS STRICTLY ENFORCED!*

BattlegroundZ reserves the right to use a breathalyzer on any person we suspect to be under the influence of drugs and/or alcohol. I HAVE READ THE ABOVE ASSUMPTION OF RISK AND RELEASE AND WAIVER OF LIABILITY. I UNDERSTAND WHAT I HAVE READ, AND SIGN IT VOLUNTARILY. (Participant and guardian sign immediately below this statement)

I (participant) verify this statement is true by placing my signature on the line below:

X _____ Date _____ / _____ / _____

Section A. Participants Please PRINT Clearly

Participant's Name (First & Last): _____

Street Address: _____ Apt/Floor# _____

City: _____ State: _____ Zip: _____ Call Name: _____

Home Phone: (____) _____ - _____ Cell# (____) _____ - _____ Work# (____) _____ - _____

Date of Birth of Participant: _____ / _____ / _____ Medical Conditions and/or Allergies _____

Email: _____ @ _____

In case of Emergency, Contact _____ Ph (____) _____ relation _____

***** PARTICIPANTS UNDER THE AGE OF 18 MUST HAVE SECTION B COMPLETED *****

Section B. PARENT OR GUARDIAN OR PARTY PARENT (if participant is under 18)
Parent/Guardian Name (Print) _____
Parent/Guardian Address _____
City _____ State _____ Parent/Guardian's Cell #(____) _____ - _____
Relationship to Participant: _____ Parent/Guardian's Home #(____) _____ - _____
I verify that the Participant named above is at least 10 years of age, and I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them and the undersigned parent or guardian hereby give permission to the "company" to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in any of the activities available at the "company". I verify that I give permission for the participant NAMED ABOVE to participate in above activities.
Parent/Guardian Signature: _____ Date _____