

Tracy's Camp / Paintball Release Form

Please fill out the information below completely.

Student's Name _____ Age _____
Address _____ City _____ Zip _____
Parent or Guardian _____ Phone _____
Emergency Contact _____ Emergency # _____

In consideration of the participation (of any kind) in the sport and activities of paintball with Tracy's Camp Inc. I acknowledge, appreciate, and agree that:

1. **THE RISK OF INJURY FROM THE ACTIVITY AND WEAPONRY INVOLVED IN PAINTBALL IS SIGNIFICANT, INCLUDING THE POTENTIAL FOR BODILY INJURY, PERMANENT DISABILITY AND DEATH**, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist;

2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE** of those persons released from liability below, and assume full responsibility for my (or my child's) participation; and,

3. I understand that the activities of paintball are physically and mentally intense. **I UNDERSTAND THE RULES OF PLAY AND WILL COMPLY WITH ALL RULES AND REGULATIONS**, as follows:

- No shooting of other persons!! Only targets will be shot by paintball guns.
- All campers must undergo paintball safety training prior to participating
- Face masks must be worn properly at all times while in the area designated as the playing field
- Physical contact is prohibited
- Barrel socks are required on all paintball guns when off the playing field, even guns with no CO2 and no paintballs
- Absolutely no gun firing, including dry-firing, when outside the territory designated as the playing field
- Failure to comply with the above rules and regulations will result in suspension from the game. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practical, and

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY VOLUNTARILY AGREE TO RELEASE, WAIVE, DISCHARGE AND HOLD HARMLESS TRACY'S CAMP INC.**, its trustees, instructors, agents, representatives, staff, and members whose property is used to conduct the paintball activities (i.e. the Releasees), **FROM ANY AND ALL CLAIMS, ACTIONS OR LOSSES** with respect to any and all injury, disability, wrongful death, loss or damage to person or property, or otherwise, which may arise out of my use and/or participation in Paintball activities and its equipment, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

5. I understand and agree that this Release of Liability Agreement covers each and every paintball activity, including those in which I participate hereafter.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE TRACY'S CAMP INC. FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE. I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I signed this document of my own free act and volition. **I FURTHER STATE AND ACKNOWLEDGE THAT I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS AFFIRMATION AND RELEASE BY READING IT BEFORE I HAVE SIGNED IT.**

I have executed this affirmation and release on the _____ day of _____ 20_____.

Participants Signature _____

Parent or Guardian's Signature (if under 18) _____

Print Parent or Guardian's Name Here _____

Tracy's Camp Inc. / PO Box 7432 Sumter, SC 29150 / (803) 452-5266 / www.tracyscamp.com