

**C.F.C. Paintball Armory
LIABILITY RELEASE FORM**

IMPORTANT: This form must be filled out by each guest. **This is a legal document, release of liability. Please read and understand before signing.**

I have asked to participate in events hosted by C.F.C. Paintball Armory, Scott Linger, and the owner(s) of 3845 Bish Road, Baltimore Ohio 43105 and 3995 Bish Road, Baltimore Ohio 43105 (hereinafter referred to as "CFCPBA"). I understand that participation in these activities is not without risk.

ACKNOWLEDGEMENT OF RISK, WAIVER, RELEASE AND INDEMNIFICATION
WHILE CFCPBA MAKES EVERY EFFORT TO PROVIDE A SAFE AND PLEASANT ENVIRONMENT FOR OUR GUESTS, WE DO REQUIRE THAT THIS PARTICIPATION AGREEMENT BE READ, FILLED OUT, SIGNED AND DATED BY EACH GUEST OR BY THE PARENT OR LEGAL GUARDIAN OF EACH CHILD UNDER 18 YEARS OF AGE WHO WISHES TO PARTICIPATE IN THE ACTIVITIES.

CFCPBA has taken reasonable steps to provide equipment and skilled hosts so our guests can participate in activities for which they may not be skilled. However, these activities are not without risk. Certain risks cannot be eliminated due to the setting and without destroying the unique character of these activities. The same elements that contribute to the character of these activities can be cause of loss or damage to your property, accidental injury, illness, or in extreme cases permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about inherent risks.

I understand that no activity is absolutely safe and free of risk. I agree to assume full responsibility for myself and that of my family, including minor children. I expressly assume all risk and responsibility involving accidents sustained while participating in activities associated with CFCPBA resulting from negligence on my part, that of my family or employees, officers, directors, or agents of CFCPBA.

I affirm that I am fully capable of participating in this activity and that my general health is good, that I do not have any condition that might endanger the life or health of myself or others by participating in any activity. I affirm that I know of no reason why I should not participate.

I understand the signature of the parent or guardian of a minor child on this document shall make all provisions of this release and assumption of the risk agreement applicable to and binding on the minor child. I agree that OHIO law shall govern this release.

I on behalf of myself, my children, my assigns, and my estate, agree to release and hold harmless CFCPBA, its officers, representatives, agents, or employees for any and all claims for injuries, causes of action, or liability related to participation in any activity of CFCPBA.

Should CFCPBA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold CFCPBA harmless for all such fees and costs.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against CFCPBA on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

This liability release shall be legally binding upon heirs, my assigns, legal guardians, personal representations and myself. I have carefully read this agreement and understand its contents. I am aware that I am releasing certain rights that I otherwise may have, and I enter into this agreement on behalf of myself, minor children, and/or wards, of my own free will.

PLEASE PRINT: Name: _____
 Age: _____ Date of Birth: _____
 Address: _____
 City/State/Zip: _____
 Email Address: _____
 Phone Number: _____

IF YOU ARE 18 YEARS OR OLDER, SIGN HERE:

SIGN: _____ DATE: _____

For a MINOR CHILD, (under 18 years of age) please fill out the information below and sign:
As parent or legal guardian of _____, I _____ further accept responsibility for actions of this child, and agree to the provisions of the above.

ACKNOWLEDGEMENT OF RISK, WAIVER, RELEASE AND INDEMNIFICATION.

SIGN: _____ DATE: _____