

Rental	Personal
Gun # _____	
Other _____	
Group _____	BYOP _____

THIS IS A RELEASE OF LIABILITY – READ BEFORE SIGNING

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY PAINTBALL EVENT.

PARTICIPANT’S NAME: _____ **DATE OF BIRTH:** _____

IN CONSIDERATION of being permitted to participate in any way in the sport and activities of paintball under the auspices of **TWISTED GAMES OF TEXAS, 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 permanent disability and death, and while 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 participation; and,
3. I understand that the activities of paintball are physically and mentally intense. If I observe any unusual or unnecessary hazard during my participation, I will bring such attention to 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 RELEASE AND HOLD HARMLESS FROM LIABILITY** the owners and lessors of **premises (TWISTED GAMES OF TEXAS, INC.)** used to conduct the paintball activities, their officers, officials, agents and/or employees (“Releasees”), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH**, or loss or damage to person or property, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, except that which is the result of gross negligence and/or wanton misconduct.
5. I understand and agree that this Release of Liability covers each and every paintball activity and event in which I participate hereafter.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ **Date Signed:** _____ **Phone #:** _____
PARTICIPANT’S SIGNATURE

ADDRESS **CITY, STATE, ZIP CODE**

EMAIL ADDRESS

FOR PARTICIPANTS OF MINORITY AGE – MUST BE 10 YEARS OF AGE OR OLDER
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of Twisted Games of Texas, Inc., and all other Releasees but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

PARENT/GUARDIAN’S SIGNATURE **EMERGENCY PHONE #(S)** **DATE SIGNED**

I understand that failure to follow rules of play or instructions from referees and/or staff may result in my ejection from the facility without refund.