

Field Waiver

THIS IS A RELEASE OF LIABILITY PLEASE READ BEFORE SIGNING

In consideration of being permitted to participate in any way in the sport and activities of Troy City Airsoft LLC: I acknowledge, and give agreement to the following:

1. The risk of injury from the activity and weaponry involved in Troy City Airsoft LLC may be significant, including the potential for permanent disability and death. While the particular protective equipment and personal discipline will minimize this risk, the risk of serious bodily harm continues to exist.
2. I knowingly, freely and willingly assume all such risks, both known and unknown. The Assumed risk is even if arising from the complete negligence of those persons released from liability below. I assume full responsibility for participation.
3. I understand that the activity of Troy City Airsoft LLC is physically and mentally intense. I understand the rules of play and will comply with all rules, regulations and the direction of all supervising staff. If I observe hazardous conditions of any kind, I will bring these conditions to the attention of the supervising staff.
4. I, for myself, and on behalf of my heirs, assign, personal representatives and next of kin, hereby release and hold harmless all participants involved with Troy City Airsoft LLC; the owners of the activity property and their heirs, all officials, agents, officers, and/or employees ("Releases"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether caused by the negligence of the releases or otherwise.
5. I understand and agree that this Release of Liability Agreement covers each of every Troy City Airsoft LLC activity and event which I participate hereafter.
6. ANY person under the influence of drugs and/or alcohol MAY NOT participate in these said activities at Troy City Airsoft LLC property. THIS IS STRICTLY ENFORCED!

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND THE TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE THE RELEASES AND ALL ASSOCIATED AGENTS FROM ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH BY NEGLIGENCE OR ANY OTHER CAUSE.

SECTION A: *Participant (if participant is 18 or over) Please PRINT Clearly

Participant's Name: _____ Date of Birth: _____
 Participant's Signature: _____
 Address: _____ Apt./Fl# _____ City: _____ State: _____ Zip: _____
 Phone# _____ In Case of Emergency Contact: _____
 Effective Date: _____ Email: _____

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

SECTION B: PARENT OR GUARDIAN OR PARTY PARENT (if participant is under 18) Please PRINT Clearly

Parent/Guardian Name: _____ Relationship to Participant: _____
 Address: _____ Apt./Fl# _____ City: _____ State: _____ Zip: _____
 Parent/Guardian Cell Phone# _____
 Parent/Guardian Home Phone# _____

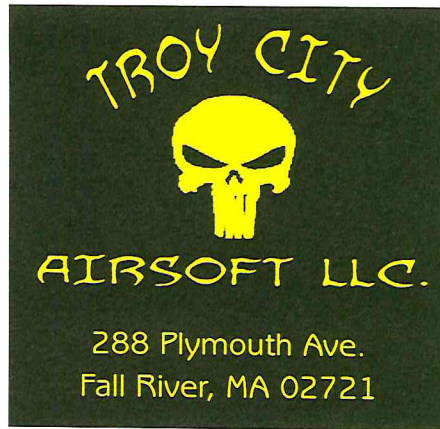
I verify that the Participant named above is at least 10 years of age, and I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that Participant understood them and the undersigned parent/guardian hereby gives permission to Troy City Airsoft LLC to authorize emergency medical treatment as may be deemed necessary for the child named above while participating in any of the activities available at Troy City Airsoft LLC. I verify that I give permission for the participant named above to participate in the above activities.

Parent/Guardian Signature: _____ *Effective Date : _____

*This Waiver will remain effective for a period of one year from effective date until December 31st of the same calendar year.

REV. 2016

PLEASE READ AND SIGN MEDICAL RELEASE FORM ON REVERSE SIDE



Medical Release Form

I/we being the legal parent/guardian of _____, a minor, do hereby appoint Troy City Airsoft LLC to act on my behalf in the event of an emergency or in the event that I/we cannot be contacted, to authorized, offer or refuse necessary treatment while on the property of Troy City Airsoft LLC.

I understand that I will be responsible for the payment of all cost incurred incident to such treatment. I will not hold Troy City Airsoft LLC, the owners, operators, participants, sponsors, and all of their agents and employees responsible for any bodily harm or omission that may arise from the participant utilizing the field, and I agree not to hold responsible in any way the above named for any outcome or omission that may arise from the offering of medical assistance to the participant.

I understand that there are no guarantees that trained medical staff will ever be on hand at any time and that any aid offered is done so strictly in the manner of a Good Samaritan.

SECTION A: Legal signature of accompanied legal guardian (if participant is under 18)

X _____

Legal signature of participant (even if under 18)

X _____

Date: _____

I wish to be an open dated medical release waiver allowing the above person permission to play anytime they are at Troy City Airsoft LLC playing field during the current season.

SECTION B: Legal Guardian/Participant signature (if participant is 18 or over)

X _____