GUN # _____
MASK# _____
OTHER _____

Chilli Paintball Pits Inc.
21324 N. Benedict Street, Chillicothe IL 61523
309-274-5251 www.chillipaintball.com

Read Carefully

WAIVER AND RELEASE OF LIABILITY

In consideration of Chilli Paintball Pits furnishing services/or equipment to enable me to participate in paintball games, I agree as follows:

I fully understand and acknowledge that; (a) risks and danger exist in my use of Paintball equipment and my participation in Paintball activities: (b) my participation in such activities and/or use of such equipment may result in my injury or illness including but not limited to bodily injury, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other aliments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of Chilli Paintball Pits; the negligence of the participants, the negligence of others, accident, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of Chilli Paintball Pits, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Chilli Paintball Pits and it's owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of Paintball equipment or my participation in Paintball activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of Chilli Paintball Pits. This waiver is good through 03/01/10

MEDICAL PERMISSION AUTHORIZATION

If the participant is of minority age, the undersigned parent of guardian hereby gives permission for Chilli Paintball Pits to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in paintball games from this date through 03/01/2010.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE CHILLI PAINTBALL PITS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

_____ _____ _____ _____
Print Name | Age | Date of Birth | Phone

_____ _____ _____
Signature | Address | City, State, Zip

_____ _____
Signature of Parent/Guardian (if less then 18 yrs old) | E-mail

_____
Date