D.O.A.

Paintball & Airsoft

Sports Field

2444 Quail Ridge Ave.

St.Charles, Ia 50240

515-462-3596

**Please Print:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 State:\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_

Weaver & Leasing Agreement:

I AM AWARE OF ALL RISKS INCLUDING BUT NOT LIMITED TO:

Misuse of equipment. Broken or damaged equipment. Malfunctions.

I understand that I must always wear approved paintball safety goggles and protective equipment in designated areas. I understand that I must always have safety protective equipment on my markers in designated safety areas.

 I hereby assume all responsibility to/for any and all risks and waive/ release the leaser on behalf of my estate and any/all others that may play paintball with me. I shall also hold harmless the leaser and all of its employees from any and all claims, actions, suits, costs, expenses, damages and/or liabilities including but not limited to all risks stated/ involved.

I agree to wear all equipment as stated above correctly and in the designated areas. I understand not doing so my cause serious injury to myself and others.

**THIS IS INTENDED TO BE A LEGALLY BINDING CONTRACT. IF YOU HAVE ANY DOUBTS CONCERNING ANY ASPECTS OF THE CONTENTS, CONSULT YOUR LAWYER BEFORE SIGNING.**

**In the signing of this document on the line below, I state that have read, understand and agree with the terms of this contract/waiver and lease agreement.**

**\*Player Signature ( if over 18 years of age)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_**

**\*Parent/ Guardian Signature ( if player is under the age of 18)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_**