



Release and waiver of liability, assumption of risk and indemnity agreement for participants and spectators.

The Rock River Christian Camp (hereinafter known as RRCC); the undersigned agrees to indemnify, release, hold harmless, and discharge RRCC and its owners, officers and employees on behalf of myself, my children, my parents, my heirs, assigns, personal representative, and estate as follows:

1. I acknowledge the sports of paintball and other related activities are inherently dangerous and carry an assumption of risk. I authorize the RRCC to contract with an ambulance service should they feel it appropriate for the circumstance. I will be responsible for all charges associated with such service.
2. I, the undersigned, further am aware that risks, hazards and dangers necessarily increase when using man made or naturally occurring obstacles, including but not limited to paintball bunkers, trees, logs, forts, ditches, creeks, bluffs, wooden barricades, tape lines, or any other structure and device and that potential personal injury, death, disability, paralysis, emotional injury, property damage, and other unanticipated injuries may result from my participation in activities held by RRCC.
3. Risks include, but are not limited to: collision with other participants, the trees or other fixed objects and fixtures, falling down, my own equipment failure or the failure of other participants' equipment, my own negligence or others, unregulated guns, unsafe tanks, poorly manufactured goggles, improperly manufactured paintballs, guns intentionally or unintentionally altered with "cheater modes" or features, colliding with non-participants, such as staff, media personnel, spectators and referees.
4. These risks are further increased when other persons, whether or not of the same level of experience or skill are present at the same time and using the same facilities. These risks will vary from time to time and day to day based on participant levels, course design, set-up, equipment, type of event, and other factors.
 - a. I hereby expressly agree and promise to accept all of the risks existing in this activity. My participation is strictly voluntary. I further release, waive, discharge the owners, agents, officers, employees, volunteers, participants and all other persons or entities acting in any capacity for or with RRCC.
 - b. I certify that I have adequate insurance coverage in the eventuality any injury or damage I may cause or suffer while participating or other related usage of RRCC, its premises, or equipment. Should my insurance prove inadequate, I agree to bear all cost of any such injury or damage to myself or others, caused by my actions.
 - c. I further certify that participating in the strenuous activities at RRCC may aggravate any medical or physical conditions I may have whether know or hidden. I agree to accept all responsibility for my physical well being.

The undersigned understands that participants are required to wear adequate head, face and eye protections while participating and the use of additional protective gear including chest protectors, neck guards, footwear, elbow and knee pads is recommended. Participants are required to follow all rules of conduct and are not to take unreasonable risks while using the facility, including causing any other players an unreasonable risk of harm.

I certify that I am at least 18 years old. I have completely read and understand this waiver and accept all its terms. I understand that I have given up substantial rights by signing it. I further understand the release is intended to be as broad and inclusive as is permitted by the laws of the State of Illinois and that should any portion thereof be held invalid, agree that the balance shall, notwithstanding, continue in full force and effect. I am signing freely and voluntarily without any inducement, assurance or guaranty being made to me. Prior to signing this waiver and release, I have had the opportunity to ask any questions concerning the waiver and release, RRCC and the paintball facility.

(PRINT) Participants Full Name: _____ (Minimum age 10 years old)

Address: _____ City, State, Zip Code: _____

Date of Birth: ____/____/____ Home Phone: (____) _____ Email: _____

Emergency Contact Full Name: _____ Emergency Contact Phone: (____) _____

Signature (only if 18 years or older): _____ Date: ____/____/____

BELOW REQUIRED IF THE ABOVE PARTICIPANT IS UNDER 18 (10-17 YEARS OF AGE).

Signature of Parent or Legal Guardian: _____ Date: ____/____/____

Parent or Legal Guardian Email: _____ Phone Number: _____