

**NATIONAL SPORTS ENTERTAINMENT AND RECREATION ASSOCIATION**

The Golf Zone GZII

Phone: (610)-942-9494

1839 Horseshoe Pike  
Honey Brook, PA 19344

**WAIVER AND RELEASE OF LIABILITY**

In consideration of GZII furnishing services and/or equipment to enable me to participate in paintball/airsoft games, I agree as follows:

I fully understand and acknowledge that: (a) risks and dangers exist in my use of Paintball equipment and my participation in Paintball/airsoft activities (b) my participation in such activities and/or of such equipment may result in my injury or illness but not limited to bodily injury, disease, strains, fractures, partial and/or fatal paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability. (c) These risks and dangers may be caused by the negligence of the participants, the negligence of the owners, employees, officers or agents of GZII, the negligence of the participants, the negligence of others, accidents, 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 GZII 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 GZII and it's owners, agents, officers, and employees from any and all claims, actions, losses, for bodily injury, property damage, wrongful death, loss of services or otherwise my arise out of my use of Paintball equipment or my participation in Paintball/airsoft 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 GZII. This waiver is good through 12/31/2012.

**Medical Permission Authorization**

If the participant is of minority age, the undersigned parents or guardian hereby gives permission for GZII to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in paintball games.

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

_____	_____	_____	_____
Print Name	Age	Date of Birth	Phone Number
_____	_____		_____
Signature	Address	City, State, Zip	

Signature of Parent/Guardian  
(If less than 18 yrs old)

Email Address