



2137 GROVE STREET  
 NATIONAL CITY, CA 91950  
 PHONE 619-472-2242 FAX 619-267-9563

Office Use Only:

Own equipment  Rental  Groupon  Spectator

Group Type or Team Name: \_\_\_\_\_

Event or Special Discount: \_\_\_\_\_

EXTREME SPORTS INC. DBA DROP ZONE EXTREME SPORTS = DZES (785) 841-1884

## READ CAREFULLY WAIVER AND RELEASE OF LIABILITY

In consideration of DZES furnishing services and /or equipment to enable me to participate in paintball 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 activities; (b) my participation in such activities and/or use of such equipment may result in my 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 ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of DZES.; 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 DZES, 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 DZES 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 DZES.

I further authorize anyone working at DZES to call for such medical care for myself or to transport myself to a clinic or hospital if, in the opinion of anyone working at DZES that medical attention is needed for myself. The undersigned agrees that upon the transporting of myself to any medical facility, clinic or hospital that the responsibility of DZES shall be totally fulfilled and DZES shall not have any further responsibility for the undersigned.

I agree to pay all costs associated with such medical care and related transportation for the undersigned and indemnify and hold the DZES, its owners, agents, officers and employees harmless from all costs incurred therein.

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

**Print Clearly: Illegible waivers will be refused.**

<b>Print Name</b>	<b>Today's Date</b>	<b>Age</b>	<b>Birth Date</b>
<b>Street Address</b>	<b>Phone Number w/ Area Code</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Y / N : Be a VIP (Loyalty Program) Msg &amp; Data Rates May Apply</b>
<b>Your Signature (or parent or guardian's if under 18yrs old)</b>	<b>E-mail Address (Enter your email here to receive our newsletter with huge Savings Coupons and Event Updates!)</b>		

\_\_\_\_ (Please initial to accept) Participant irrevocably grants DZES the right of publicity to own and use any image(s) collected of the participant while participating in this event.

**Is this Your First Time at Drop Zone? Yes/No      How did you hear about us?**