

HARBORSITE STC Sports – PAINTBALL WAIVER

THIS IS A RELEASE OF LIABILITY AGREEMENT- READ BEFORE SIGNING

This form must be read and signed before the participant is allowed to take part in paintball events at this facility.

PRINT NAME _____ DATE OF BIRTH _____

IN CONSIDERATION of being permitted to participate in any way in the sport and activities of paintball at HARBORSITE USANA I acknowledge, appreciate, and agree that:

1. The risk of injury from the activity and equipment involved in paintball is significant, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist;
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation; and,
3. I understand that the activities of paintball are physically and mentally intense. I understand the rules of play and will comply with all the rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practical; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Owners and employees of HARBORSITE USANA, LLC., STC Sports, LLC, their officers, officials, agents, subcontractors and/or employees (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct and,
5. I agree to abide by the Field Rules, all Safety Regulations and the Instructions of the Referees and Staff Members and understand that failure to follow said Rules, Regulations and Instructions may result in my ejection from the activities and possible removal from the premises without refund or recourse.

I HAVE READ THIS MEMBERSHIP AGREEMENT, RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date Signed: _____
Participant Signature

E-Mail Address: _____ Sign up for HSIUSANA E-News (circle one) Yes or No

Mailing Address City, State Zip

PARENT OR GUARDIAN MUST READ THIS FORM AND SIGN BELOW

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of HARBORSITE USANA, LLC. STC Sports, LLC and all other Releasees but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

X _____
PARENT/GUARDIAN SIGNATURE EMERGENCY PHONE # (S) DATE SIGNED

Do Not Write in this Box – For Office Use Only		
Range Membership:	“Home Team”:	CC
_____	_____	