

Paintball Event Release Form

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email Address

Emergency Contact

Contact Name

Contact Phone

Relationship

Release of Liability

I, the undersigned, acknowledge that participation in paintball activities involves inherent risks and dangers. I hereby release, discharge, and hold harmless the organizers, owners, employees, and agents from any and all liability for injuries or damages resulting from participation in the paintball event.



I have read and agree to the above release of liability.

Medical Information

Allergies or Medical Conditions

Signature

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date