

**WAIVER AND RELEASE OF LIABILITY**

**DATE.....**

I fully understand , acknowledge and agree with that;

(a) risks and dangers exist in my use of Airsoft equipment and my participation in Airsoft activities;

(b) my participation in such activities and/or use of such equipment may result in my injury or 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 REBEL ADVENTURES ; 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;

(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 REBEL ADVENTURES, 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 REBEL ADVENTURES 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 Airsoft equipment or my participation in Combat Simulation/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

**REBEL ADVENTURES. MEDICAL PERMISSION AUTHORISATION**

If the participant is of minority age, the undersigned parent or guardian hereby gives permission for REBEL ADVENTURES to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in Combat Simulations and/or Airsoft games at REBEL ADVENTURES.

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

Print Name of Participant		AEG MAKE MODEL	CHRONO READING	PASS/FAIL
Age,				
Date of Birth,				
Phone				
Signature				
Address				
Print Name of Guardian/Parent				

<b>OFFICE USE ONLY</b>	TESTER'S NAME	SIGNATURE	PAYMENT PAID
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