



WASP Paintball Baldivis RELEASE OF LIABILITY FORM

MARKER NUMBER (Internal Use Only)	PACKAGE (Internal Use Only)
--------------------------------------	--------------------------------

PLEASE NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE PARTICIPANT IS PERMITTED TO TAKE PART IN ANY PAINTBALL ACTIVITY AND/OR EVENT

IN CONSIDERATION of being permitted to participate in any way in the sport and activities of Paintball under the auspices of WASP PAINTBALL BALDIVIS (PAINTBALL MALITIA), THE PAINTBALL FIELD OPERATOR AND THE LAND OWNER,

I Acknowledge, Understand and Agree that:

- The risk of injury from the activity and weaponry involved in Paintball is significant, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimise this risk, the risk of serious injury does exist and,
- 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,
- I understand that the activities of Paintball are both physically and mentally intense. I understand the rules of play and will comply with all 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 / Referee / Umpire or Paintball Field Operator/Owner as soon as practical and,
- WASP Paintball Baldivis (Paintball Malitia), The Paintball Field Operator and the Land Owner accepts no responsibility for personal property lost or damaged during the day and that customers vehicles are parked entirely at the owners risk and,
- The balance of any monies owed to WASP Paintball Baldivis (Paintball Malitia) must be settled before leaving the Paintball Facility. No credit can or will be given and,
- I understand that the Legal age to play Paintball is 12 years and I will need parental Permission to play if aged between 12-16years & under.
- I am not under the influence of drugs, Medication, Alcohol or mind altering substances, nor do I have any pre-existing medical condition that will:-
 - Affect my understanding of safety instructions and procedures.
 - Prejudice the performance/safety to myself or others.
- I acknowledge and recognise that Paintball is played in a Bush Environment as as such, any wild or domestic animals have an equal right to be on the land. WASP PAINTBALL BALDIVIS (PAINTBALL MALITIA) WILL NOT TOLORATE any players shooting at wild or domestic animals. Any player seen to be engaging in the above will immediately be asked to leave the Paintball Facility.
- I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS, WASP PAINTBALL BALDIVIS (PAINTBALL MALITIA), THE PAINTBALL FIELD OPERATOR AND THE LAND OWNER, the owners and lessors of the premises used to conduct the Paintball Activities and Events, their Officers, Officials, Agents and/or Employees ("Releasees") WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct,
- I agree to wear and not remove my face mask at any time once I have left the safety of the staging area.

PHOTOGRAPHY

I AGREE that a nominated WASP Paintball Baldivis (Paintball Malitia) Photographer can take my photograph on behalf of WASP Paintball Baldivis (Paintball Malitia) during my participation in the sport of Paintball. I agree to take part in photography free of charge and do not expect any royalty, commission or payment as a result of appearing in the above photography shoot. I give my permission to WASP Paintball Baldivis (Paintball Malitia) to use photography I appear in for the purpose of Advertising & Promotions now and in the future on behalf of WASP Paintball Baldivis (Paintball Malitia).

I HAVE READ AND UNDERSTOOD THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS AND ANY SUBSTANTIAL RIGHTS I HAVE RELINQUISHED BY SIGNING THIS FORM FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

PARTICIPANT NAME:	
ADDRESS:	POSTCODE:
DATE OF BIRTH:	PHONE/MOBILE NUMBER:
EMAIL ADDRESS: (PLEASE FILL IN IF YOU WOULD LIKE TO RECEIVE OFFERS)	SIGNATURE:

12 – 16 YEARS AND UNDER

PARTICIPANTS OF MINORITY AGE (12 – 16 YEARS AND UNDER)

12 – 16 YEARS AND UNDER

This is to certify that I, as Parent/Guardian with legal responsibility for the participant, do consent and agree not only to his/her release of WASP Paintball Baldivis (Paintball Malitia), The Paintball Field Operator, and the Land Owner and all other Releasees, but also to release and indemnify the Releasees from any and all liabilities and/or incident to his/her involvement in the sport of Paintball for myself, my heirs, assigns and next of kin.

PARENT/GUARDIAN NAME:	PARENT/GUARDIAN SIGNATURE:
-----------------------	----------------------------

DON'T FORGET TO TURN OVER AND COMPLETE THE BACK

Please remember incorrect or illegible details may delay your game, it is necessary to complete this form in its entirety.

WASP Paintball Baldivis

Is this the first time you have played at WASP Paintball?

Yes

No

Are you the organiser of this event?

Yes

No

Where did you hear about us?

Website (www.wasppaintball.com.au)

Existing Customer

Shopping Centre

Radio

WASP Brochure

WASP Voucher

Mail

Friend, mate or family member

SMS message from WASP paintball

Facebook

Google Search

Newspaper / Magazine

Student Edge

Sports Club or work (name of company/organisation) _____

Other (Please specify) _____

Cross this box If you do not wish to receive information regarding discounts, events, promotions or special offers from WASP Paintball.

We recognise that your privacy is very important to you. We collect this information for the primary purpose of assisting us. We never sell or rent your personal information.