

**Pocono Mountain Paintball**

**Please read carefully before completing and signing the other side of this liability waiver and release**

In consideration of Pocono Mountain heir in know as PMP furnishing services and or equipment 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 participation in Paintball 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 PMP: 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 and unforeseeable causes: and (d) my participation in these activities and/or use of equipment I hereby assume all risks and dangers and all responsibility for any loses and/or damages, whether cause in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of PMP or by any other person.

I, on behalf of myself, my personal representative and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify PMP and it's owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful dearth, loss of services or otherwise which may arise out of my use of Paintball equipment for 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 PMP.

Said release shall further assign to PMP all rights to use photographs of me taken relative to playing the game. I fully understand that I am responsible for the cost of any and all rental equipment that is lost, stolen or damaged while in my care and custody

By signing this agreement Player acknowledges that he/she will abide by all terms of release, In consideration of PMP and Players mutual promised, this agreement is signed

**Pocono Mountain Paintball  
101 W. Adventure Trail Rd.  
PO Box 65  
Nesquehoning, PA 18240**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**I have read the waiver and release printed on the back of this form and by signing it agree it is my intention to exempt and relieve Pocono Mountain Paintball from liability for personal injury, property damage or wrongful death cased by negligence or any other cause.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Age**

\_\_\_\_\_  
**Signature of parent or guardian (1f under 18)**

\_\_\_\_\_  
**date**



## MEDICAL PERMISSION FORM

The undersigned parent or guardian hereby gives permission for:

\_\_\_\_\_ to authorize emergency  
medical treatment as may be deemed necessary for the child named below, while  
playing paintball games at \_\_\_\_\_

from this date \_\_\_\_\_ thru year end.

\_\_\_\_\_  
NAME OF MINOR AGED PLAYER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
MEDICAL INSURANCE POLICY NUMBER

\_\_\_\_\_  
INSURANCE COMPANY

IN ADDITION TO THIS FORM, THE NATIONAL PAINTBALL ASSOCIATION WAIVER FORM #501 MUST  
BE SIGNED BY A PARENT OR GUARDIAN, AS WELL AS THE MINORITY AGE PLAYER.