

FORM #1

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK,
AND INDEMNITY AGREEMENT (COVENANT NOT TO SUE)**

In consideration of participating in the SPORT OF PAINTBALL I represent that I understand the nature of this Activity and that I am at least 10 years of age, in good health, in proper physical condition, and am qualified to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participating in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "RELEASEES" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Fellowship Baptist Church (13515 North US Hwy. 301, Thonotosassa, FL), its integrated auxiliaries and supporting organizations, and controlled affiliates, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the RELEASEES or otherwise, including negligent rescue operations; and I further agree that if, despite this Release and Waiver of Liability, and Assumption of Risk, I, or anyone on my behalf, makes a claim against any of the RELEASEES, I will indemnify, save, and hold harmless each of the releases from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement and assurance of any nature and intend to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of Participant

Today's Date

Signature of Participant

PARENTAL CONSENT FOR MINORS

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the RELEASEES from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the RELEASEES or otherwise, including negligent rescue operations, and further agree that if, despite this Release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above RELEASEES, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the RELEASEES from any litigation expenses, attorney fees, loss liability, damage, or cost any Release may incur as the result of any such claim.

Printed name of Parent/Guardian

Today's Date

Signature of Parent/Guardian

In addition to this form, EMERGENCY MEDICAL PERMISSION FORM MUST BE SIGNED BY PARTICIPANT (OR PARENT OR GUARDIAN IF PARTICIPANT IS A MINOR).

FORM #2

PARTICIPANT INFORMATION & EMERGENCY CONTACT

NAME _____
PLEASE PRINT CLEARLY

_____ How did you hear about us?

ADDRESS _____

_____ Emergency Contact Name and Number

City _____ State _____ Zip _____

Home Phone _____ Cell or Work Phone _____

DATE OF BIRTH _____
MUST BE 10YR. OF AGE OR OLDER!!!

_____ Email address – used for updates and reminders

EMERGENCY MEDICAL PERMISSION FORM

The undersigned (or parent or guardian if participant is a minor) hereby gives permission for Fellowship Baptist Church members to authorize emergency medical treatment as may be deemed necessary for the participant named below, while playing paintball games at Fellowship Baptist Church for today's date.

_____ MEDICAL CONDITIONS IF ANY

_____ HOSPITALIZATION INSURANCE POLICY #

_____ INSURANCE COMPANY

_____ SIGNATURE OF PARTICIPANT
(OR PARENT OR GUARDIAN IF PARTICIPANT IS A MINOR)

_____ TODAY'S DATE