WAIVER AND RELEASE OF LIABILITY
Recon Paintball LLC.
2438 Ingleside road Norfolk VA 23513

In consideration of Recon Paintball LLC (referred to RP LLC) furnishing services and/or equipment to enable me to participate in paintball games, I agree as follows:
I (NAME)_____fully understand and acknowledge that; (a) risks and dangers exist in my use of paintball equipment and my 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 RP LLC; 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; and (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 RP LLC, 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 RP LLC and its 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 Paintball equipment or 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 RP LLC. **Initials** _____

MEDICAL PERMISSION AUTHORIZATION
If the participant is of minority age, the undersigned parent or guardian hereby gives permission for RP LLC to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in paintball games.
Initials _____

Equipment Rental Clause:
While renting equipment from RP LLC, I agree that once in my possession I am fully responsible for all damages resulting from any negligence, loss, or theft of the equipment issued. I agree that I will maintain this responsibility until I have personally turned in each piece of issued equipment to an authorized employee of Recon Paintball, LLC. Equipment includes but is not limited to: auto paint gun, facemask, air bottle, loader, barrel sock, armband and coveralls. **Initials** _____

I grant permission to Recon Paintball, LLC, to use photographs, video, and audio recordings, taken of me for the promotion of Recon Paintball's website, media packages, advertisements, or any other public forms. I hereby waive any right to inspect or approve the photographs, publications, or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs. **Initials** _____

I agree to always participate in the paintball game only in accordance with the safety instructions and rules. I agree that if I do not follow these safety instructions and rules that I may lose my playing privileges without refund. I agree that this waiver and release of liability will apply to any and all occasions when I participate in Paintball with Recon Paintball, LLC. I understand that I will also be asked to sign this form again on subsequent visits. This waiver is effective immediately upon signing and is indefinitely binding. **Initials** _____

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

_____ _____ _____ Date: _____
Print Name Age Date of Birth

_____, _____, ____, _____ _____
Address City State Zip Phone

_____ _____
Signature (of Parent/Guardian if less than 18 years old) E-mail (optional)