

PAINTBALL GAME LIABILITY WAIVER AGREEMENT

Junkyard/Cedarzing

Address: Cedars - Main Road, El Arz, 1377, Ariz Bsharri, 1377

Phone: +961-716 999 70

Email: info@cedarzing.com

PARTICIPANT INFORMATION:

Full Name: -----

Address: -----

Phone:----- Email: -----

ID Number:-----

ACKNOWLEDGEMENT OF RISKS AND RELEASE OF LIABILITY:

I, the undersigned, hereby acknowledge and understand that participation in the paintball game organized by [Your Paintball Facility/Organization Name] involves inherent risks and hazards, including but not limited to:

1. **Impact and Bruising:** Paintballs travel at high speeds and may cause bruising or injury upon impact.
2. **Physical Exertion:** Paintball games may require physical exertion, and participants should be in good health to engage in such activities.
3. **Terrain Conditions:** Playing fields may include various terrains, obstacles, and structures.
4. **Equipment Use:** Proper use of paintball markers, masks, and other equipment is essential to ensure safety.

I acknowledge that I have been informed of these risks and voluntarily assume all risks associated with my participation in the paintball game.

RELEASE OF LIABILITY:

In consideration of being permitted to participate in the paintball game, I, on behalf of myself, my heirs, executors, administrators, and assigns, hereby release, waive, discharge, and covenant not to sue "CEDARZING", its officers, employees, volunteers, agents, and representatives (hereinafter referred to as "Releasees") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in the paintball game.

I understand and agree that this release of liability covers negligence on the part of the Releasees, including but not limited to negligence in the design, construction, maintenance, or operation of the paintball game facilities or equipment.

COVENANT NOT TO SUE:

I further agree that I will not, under any circumstances, bring a claim or suit against the Releasees for any injury, damage, or loss that I may sustain in connection with the paintball game.

MEDICAL AUTHORIZATION:

In the event of an injury or medical emergency, I authorize the Releasees to seek and obtain medical treatment on my behalf.

PARTICIPANT'S AGREEMENT:

I have read this Paintball Game Liability Waiver Agreement, understand its terms, and voluntarily agree to be bound by its provisions. I acknowledge that I am signing this agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Participant's Signature: -----Date: -----

Printed Name: -----

For Participants Under 18 Years of Age:

Parent/Guardian's Signature:----- **Date:** -----

Printed Name of Parent/Guardian: -----

WITNESS (if applicable):

Witness's Signature: ----- **Date:** -----

Printed Name: -----

Please retain a copy of this signed agreement for your records.

After the form is been signed please do send it by email to info@cedarzing.com