



**WAIVER AND RELEASE OF LIABILITY
READ CAREFULLY**

_____, _____

In consideration of BALLAHACK AIRSOFT LLC, furnishing privately owned land located at 2900 Ballahack Road, Chesapeake, Virginia, to enable me to participate in Airsoft games, I agree as follows:

I fully understand and acknowledge that; (a) risks and dangers exist in my use of Airsoft equipment and my participation in Airsoft 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, sprains, 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 officers or agents of BALLAHACK AIRSOFT LLC, the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of natures such as snakes 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 of other conduct of the officers and agents of BALLAHACK AIRSOFT LLC.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify BALLAHACK AIRSOFT LLC, and its agents and officers and property owners 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 Airsoft equipment or my participation in Airsoft 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 conducts by the agents or officers of BALLAHACK AIRSOFT LLC, and its property owners.

BALLAHACK AIRSOFT LLC reserves all photographic and motion picture footage rights. By participation in Airsoft play, I consent that my image may be captured in photographs and/or motion picture footage and utilized exclusively by BALLAHACK AIRSOFT LLC, with no compensation for its usage. I acknowledge that I may not capture any photographs and/or video media for my own usage without the expressed permission from BALLAHACK AIRSOFT LLC.

SAFETY RULES: I have read and agree to abide the posted safety rules and rules of engagement.

I hereby acknowledge that I have read this agreement, and have voluntarily and freely sign it with the intent that it be, and understanding that it is, a legally binding agreement. To the extent that I have any doubts concerning any aspect to its contents or their meaning, I will consult an attorney before signing it.

***** THIS IS A RELEASE, READ BEFORE SIGNING*****

I am at least 18 years of age, and have executed this Agreement on the day, month, and year written below. Further, by signing, I declare that I have read, understood, and agree to BALLAHACK AIRSOFT LLC's "Safety Rules and Rules of Engagement".

Applicant's signature: _____ Date: _____

Applicant's Name (PLEASE PRINT LEGIBLY): _____

MANDATORY: Emergency Contact Name and Phone Number(s):

Name: _____ Relationship: _____ Phone(s): _____

COMPLETE THIS SECTION IF YOU ARE UNDER 18 YEARS OLD:

If you are under 18, please have this Agreement guaranteed by having your parent or your legal court-appointed guardian sign below. NO EXCEPTIONS!

GUARANTOR'S AGREEMENT: My signature below indicates that I guarantee all of the obligations imposed upon the minor participant under this Agreement and have read and fully understand all of its items. In addition, I declare I have read and understand BALLAHACK AIRSOFT LLC's "Safety Rules", and in particular, our recommended Eye and Face Protection Systems.

Minor's name (Print): _____

Guarantor's Signature: _____ Date: _____

Guarantor's Name (Print): _____ Relationship: _____

Address: _____ Phone No.: _____

PARENT MUST ALSO INITIAL that they have read the minor's recommended Eye and Face Protection Systems. Initial: _____