

## Read Carefully

### **WAIVER AND RELEASE OF LIABILITY**

In consideration of Hidden Cove Family Fun Park/Twin Rivers Campground furnishing services and/or equipment to enable me to participate in paintball games, I agree to the following:

I fully understand and acknowledge that; (a) risks and danger 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, blindness, heat stroke, heat 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 Hidden Cove/Twin Rivers, the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes, and (d) by my participation in these activities and/or use of equipment, I here by assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by negligence or other conduct of the owners, agents, officers, employees of Hidden Cove/Twin Rivers, or 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 Hidden Cove/Twin Rivers and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of service or otherwise which may arise out of my use of paintball equipment or may 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 negligent acts or other conduct by the owners, agents, officers or employees of Hidden Cove/Twin Rivers.

I HAVE READ THE ABOVE WAIVER AND RELASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE HIDDEN COVE/TWIN RIVERS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

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Signature	Date of Birth	Phone Number
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Print Name	Street Address	
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City	State	Zip
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Signature of Parent/Guardian	Today's Date	