



Silver Spur Camp and Retreat Center
Splat Hill Paintball Program Participant Assumption of Risk and Waiver Agreement
17301 Silver Spur Drive, Tuolumne, CA 95379 (209) 928-4248 FAX (209) 928-3899 www.silverspur.com

Print Participant Name

Print Name of Group

Parent/Guardian Name if participant under 18 years of age

Date

Instructions: Please read this form carefully. Each participant and his/her parent/guardian must initial each paragraph and sign at the bottom. Participants must be going into 6th grade and up. Without all appropriate signatures, the individual will not be permitted to participate in the programs.

_____ The paintball program involves a variety of activities, including target practice and team competitions.

_____ I understand that I will be participating in activities that involve exposure to paint ball pellets. I know this activity will be outdoors where I will need to watch for slippery and/or uneven footing, limbs and branches, insects or animals, and possible exposure to extreme or inclement weather.

_____ I understand that there is risk of bodily and/or psychological injury, including a potential for permanent disability or death, resulting from any participation in the program and/or from the equipment involved in my participation. I understand that the risks also include loss or damage to personal property. I freely assume all such risks, both known and unknown, and assume full responsibility for my participation. I understand that I will be thoroughly informed of the rules of participation, including all safety related rules, and agree to fully comply with them during my participation.

_____ I understand that all possible precautions are taken to insure that all programs and activities sponsored by Silver Spur Camp and Conference Center are conducted by mature and qualified personnel in a safe and responsible manner.

_____ I understand that my participation in paintball programs offered by Silver Spur Camp and Conference Center is based on the Participation is Voluntary philosophy. At all times I will choose my level of participation in any activity. I agree to exercise good personal judgment, to ask for help if concerned about my safety, and to be responsible for deciding if a proposed activity is appropriate for me.

_____ I have informed the camp of any physical, mental, or medical condition that might affect my ability to participate or affect other members in my group. I realize that failure to provide such information could result in serious harm to me or others. I also state that I am not under the influence of any chemical substance, including alcohol.

_____ I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin hereby release and hold harmless Silver Spur, its officers, employees, agents, and associates harmless for accidents, injury, death, loss or damage to property that might occur during these programs.

_____ By signing this waiver I indicate that I have read and understand all materials outlining the paintball program participation for myself, including this waiver and agree to abide by these terms. I am aware that this is a waiver and a release of liability, and I sign it voluntarily.

Signature of Participant

Signature of Parent/Guardian if under 18

Address

Phone Number

City, State, Zip