

**Outpost Paintball  
Disclaimer**

This form should be read carefully and completed before you take part in events  
**PLAYERS MUST BE OVER 18 YEARS OLD OR PARENT/GUARDIAN TO SIGN**

I..... (NAME)

Date of Birth.....

Of..... (ADDRESS)

E-Mail  
Address.....

want to play at Outpost Paintball and sign this document in consideration of being given the opportunity to engage in the activities.

**I UNDERSTAND THAT:**

1. The Events are physically and mentally intense and may require extreme exertion to play.
2. The Events can be dangerous if not played in accordance with the stated rules which will be fully explained to the players.
3. The possibility of injury to myself and others exists.

**I CONFIRM THAT:**

1. I am fully aware of the risks to myself and others involved in Outpost Paintball events and that I will never, under any circumstances, deliberately break any rules.
2. I am physically fit and mentally able to take the strain and exertion involved in The Events.
3. I will comply with the Outpost Paintball site rules and use the equipment as instructed and not so as to injure or hurt others and will obey all the directions of the Outpost Paintball Referees.
4. I will wear my mask and not remove them while in an Outpost Paintball Game area.
5. I will only use paint supplied by this site.

**RELEASE:** I hereby release, remise and forever discharge from any claims and liabilities that I might have against Outpost Events other than resulting in death or personal injury caused by the negligence of Outpost events or one of its employees, agents or servants and I make this release on behalf of myself, my heirs, executors and administrators

**RENTAL AGREEMENT:** I agree to return any hire equipment at the end of the day to Outpost Paintball. I have read and fully understand all the terms of this document and confirm that I am not relying on any statements or representations by any person or entity as an inducement to my fully and voluntarily engaging in Outpost Paintball Events assuming the risks and obligations stated above signing this document.

Do you have any medical conditions/allergies or take precribed medication **YES/NO**  
If yes please give details:

Signed.....

Date.....

**PLAYERS MUST BE OVER 18 YEARS OLD OR 11+ WITH PARENT/GUARDIANS SIGNITURE**