

THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY AIRSOFT BATTLE EVENT

PARTICIPANT'S NAME _____ DOB _____

IN CONSIDERATION of being permitted to participate in any way in the sport and activities of an AIRSOFT BATTLE under the auspices of Big Island Excavating at Tri County Mining, I acknowledge, appreciate, and agree that:

1. The risk of injury from the activity and equipment could be significant, including the potential for permanent disability, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury may exist; PROTECTION IS YOUR RESPONSIBILITY...EYE WEAR – SAFETY GLASSES

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation; and,

3. I understand that the activities of BIG ISLAND EXCAVATING AT TRI COUNY MINING are physically and mentally intense. I understand the rules of play and will comply with all the rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practical; and

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS BIG ISLAND EXCAVATING AT TRI COUNY MINING , THE OWNERS AND LESSORS OF PREMISES USED TO CONDUCT THE AIRSOFTAG ACTIVITES, THEIR OFFICERS, OFFICIALS, AGENTS, AND/OR EMPLOYEES ("RELEASEES"). WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and /or wanton misconduct.

I HAVE READ THIS RELEASE OF LIABLITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date _____
PARTICIPANT'S SIGNATURE

ADDRESS CITY, STATE ZIP CODE

PHONE: _____

EMAIL: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant do consent and agree not only to his/her release of BIG ISLAND EXCAVATING AT TRI COUNY MINING. AIRSOFT BATTLE and all other release's but also to release and indemnify the Releases from any and all liabilities incident to his/her involvement in these programs for me, my heirs, assigns, and next of kin.

PARENT MUST PRESENT COPY OF PHOTO ID!

X _____
PARENT/GUARDIAN'S SIGNATURE

EMERGENCY PHONE # Date