CINCINNATI S.O.G. Hell’s Basin - FIELD WAIVER

THIS IS A RELEASE OF LIABILITY – PLEASE READ BEFORE SIGNING

In consideration of being permitted to participate in any way in the sport and activities of AIRSOFT at AIRSOFT CQB, I acknowledge, and give agreement to the following:

1 – The risk of injury from the activity and weaponry involved in airsoft may be significant, including the potential for permanent disability and death. While the particular protective equipment and personal discipline will minimize the risk, the risk of bodily harm continues to exist;

2 – I KNOWINGLY, FREELY AND WILLINGLY ASSUME ALL SUCH RISKS, both known and unknown. THE ASSUMED RISK IS EVEN IF ARISING FROM THE COMPLETE NEGLIGENCE of those persons released from liability below. I assume all full responsibility for participation;

3 – I understand that the activity of airsoft is physically and mentally intense. I understand the rules of play and will comply with all rules, regulations, and directions from supervising staff. If I observe hazardous conditions of any kind, I will bring these conditions to the attention of the field staff immediately. I also further acknowledge that field staff has the final say on any and all activities, and understand that refusal to comply with field staff directions is cause for my player status to be revoked without compensation.

4 – I, for myself, and on behalf of my heir, assign personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS ALL PARICIPANTS IN CINCINNATI S.O.G., OWNERS OF THE ACTIVITY PROPERTY, THEIR HEIRS, AND ALL OFFICIALS, AGENTS, OFFICERS AND EMPLOYEES, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEES OR OTHERWISE;

5 – I understand and agree that this Release of Liability Agreement covers each and every Cincinnati SOG airsoft activity and event which I participate hereafter.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND THE TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I AGREE THAT IT IS MY INTENTION TO EXEMPT AND RELIEVE THE RELEASEES AND ALL ASSOCIATED AGENTS FROM ALL LIABILITY FOR PERSONAL INJURY, PROPERTY LOSS OR DAMAGE, OR WRONGFUL DEATH BY NEGLIGENCE OR ANY OTHER CAUSE.

Participants Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact and Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLAYERS AGES 10-18 MUST HAVE PARENT OR GUARDIAN

READ AND SIGN BELOW

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 the aforementioned Individuals and releases, but to release and indemnify the releases from any and all liabilities incidental to his/her involvement in these activities for myself, my heirs, assignees, and next of kin. I also give my consent and permission to CINCINNATI S.O.G. agents and employees to obtain on my behalf and for the above minor child any emergency medical treatment in case of sickness, accident, or injury and to secure such medical attention at my expense.

P/G Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P/G Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P/G Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_