

DMZ CANADA INC.

Waiver & Release of Liability Form Outdoor

Please answer all questions. Please PRINT CLEARLY.

Name: _____

Email Address: _____

Year of Birth: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Home : _____ Phone Work _____

Have you ever played Laser Tag with us before? Yes No

Somewhere Else? Yes No

How did you hear about our company?

TV Bus Friend Coupons

Other _____

Would you be interested in organizing your own Group to play LaserCombat?

Yes No

Model Release Form:

I hereby give DMZ Canada Inc. permission to use my picture, (if any are taken.) I waive any rights to the photographs and the use and reproduction of them, for any purpose, whatsoever, without any compensation to me. All negatives and positives, together with the prints shall be considered the sole property of DMZ Canada Inc.

Equipment Rentals:

I also understand and accept the responsibility for all rental equipment supplied to me by the Sponsors or Operator. If I damage or lose any portion of this equipment, I agree to pay all costs related to the replacement or repair of the lost or damaged item(s).

WAIVER AND RELEASE OF LIABILITY FORM

(ASSUMPTION OF RISK RELEASE OF LIABILITY, WAIVE OF CLAIMS, & INDEMNITY AGREEMENT)
BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE

To:

Assumption of Risk: DMZ Canada Inc.

1) I, the undersigned, wish to play *Paintball*, I recognize and understand that playing *Paintball* (hereinafter called the "Game") involves certain risks. Those risks include, but are not limited to, ~~the risk~~ of injury resulting from possible malfunction of the equipment used in the game and injuries from tripping or falling over ~~obstacles~~ in the game playing field. In addition, I recognize that the exertion of playing the game could result in injury or death.

2) Despite these and other risks, and fully understanding such risks, I wish to play the Game and hereby assume the risks of playing the Game. I also hereby hold harmless the "Sponsors" and indemnify them against any or all claims, actions, suits, procedures, costs, expenses (including attorney's fees and expenses), damages and liabilities arising out of, connected with, or resulting from my playing the Game, including without limitation, those resulting from the manufacture, selection, delivery, possession, use or operation of such equipment. I hereby release the Sponsors from any and-all such liability, and I understand that this release shall be binding upon my estate, my heirs, my representatives and assigns. I hereby certify to the Sponsors that I am in good health and do not suffer from a heart condition or other ailment which could be exacerbated by the exertion involved in playing the Game, I further certify that I am 18 years of age or older.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT In consideration of participating in the "Game", I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against DMZ Canda Inc. their directors, officers, employees, agents and representatives (all of whom are hereinafter collectively referred to as "the Releasees")

2. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer or that my next of kin may suffer as a result of my participation in the game due to any cause whatsoever, INCLUDING NEGLIGENCE ON THE PART OF THE RELEASEES;

3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in the Game;

4. That this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of my death.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____, 20_____.

Witness

Signature of adult participant 18 years old & older

Print Name

Signature of Parent if Participant is less than 18 years old

Print name of above