

**Wolfs Ridge Paintball, Inc.**  
3994 Pilot Rd. Riner, VA 24149  
(Phone) 540-529-5157

**Application to Play Paintball**

Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, THE UNDERSIGNED WANT TO PLAY THE ACTIVITIES OFFERED BY THIS PLAYING FIELD AND SIGN THIS APPLICATION IN CONSIDERATION OF BEING GIVEN THE OPPORTUNITY TO ENGAGE IN THIS SPORT.

**I UNDERSTAND THAT:**

1. THE ACTIVITIES ARE PHYSICALLY AND MENTALLY INTENSE AND MAY REQUIRE EXTREME EXERTION TO PLAY AND THAT THE POSSIBILITY OF INJURY TO MYSELF AND OTHERS DOES EXIST.

2. THE ACTIVITIES CAN BE DANGEROUS IF NOT PLAYED IN ACCORDANCE WITH STATED RULES WHICH I HAVE BEEN PROVIDED, UNDERSTAND AND WILL ABIDE BY.

**I CONFIRM AND AGREE THAT:**

I AM FULLY AWARE OF THE RISK AND THAT I AM PHYSICALLY AND MENTALLY ABLE TO BE FULLY INVOLVED IN THE ACTIVITIES AND WILL COMPLY WITH ALL RULES, REGULATIONS, AND THE FULL AND COMPLETE USE OF ALL EQUIPMENT SO AS NOT TO INJURE OR HURT MYSELF OR OTHERS.

**RELEASE:**

I HEREBY RELEASE, REMISE, AND FOREVER DISCHARGE FROM ANY CLAIM AND LIABILITIES WHATSOEVER WITHOUT LIMITATION THAT I MIGHT HAVE AGAINST WOLFS RIDGE PAINTBALL, INC. AND THEIR DESIGNATED PLAYING FIELD (WHEREVER LOCATED AND WHENEVER I MIGHT PLAY) OR RELATED ACTIVITIES AND ANY OPERATOR OR THEIR PERSONNEL, HEREAFTER CALLED THE SPONSORS AND THE PROPERTY OWNERS, INDEMNIFYING THEM AGAINST ANY AND ALL CLAIMS, ACTIONS, SUITS, PROCEDURES, COSTS, EXPENSES, (INCLUDING ATTORNEYS FEES AND EXPENSES), DAMAGES AND LIABILITIES ARISING OUT OF, CONNECTED WITH, OR RESULTING FROM MY PLAYING THE GAME, INCLUDING WITHOUT LIMITATIONS, THOSE RESULTING FROM THE MANUFACTURE, SELECTION, DELIVERY, POSSESSION, USE OR OPERATION OF SUCH EQUIPMENT. I HEREBY RELEASE AND HOLD HARMLESS THE SPONSORS AND PROPERTY OWNERS FROM ANY AND ALL SUCH LIABILITIES. I UNDERSTAND THAT THIS RELEASE SHALL BE BINDING UPON MY ESTATE, MY HEIRS, MY REPRESENTATIVES, AND ASSIGNS. I HEREBY CERTIFY TO THE SPONSOR AND PROPERTY OWNERS THAT I AM IN GOOD HEALTH AND DO NOT SUFFER FROM A HEART CONDITION OR ANY OTHER AILMENT WHICH COULD BE EXACERBATED BY THE EXERTION INVOLVED IN PLAYING THE GAME.

**ASSUMPTION OF RISK:**

I CONFIRM THAT I HAVE SPECIFIC INSURANCE TO COVER ANY INJURY THAT I MAY SUSTAIN OR CAUSE TO OTHERS AND I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THIS AGREEMENT. THIS IS FULLY INTENDED TO BE A LEGALLY BINDING CONTRACT FOR ONE YEAR. IF I HAVE ANY DOUBTS CONCERNING ANY ASPECT OF ITS CONTENTS, I WILL CONSULT AN ATTORNEY BEFORE SIGNING IT!!

I STATE THAT I AM AT LEAST 18 YEARS OF AGE AND IN GOOD HEALTH, AND INTEND TO BE BOUND BY THIS AGREEMENT.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
EMERGENCY, CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_  
E-MAIL ADDRESS IF YOU WOULD LIKE TO BE ADDED TO THE NOTIFICATION LIST \_\_\_\_\_

IF YOU ARE UNDER 18, PLEASE HAVE THIS AGREEMENT GUARANTEED BY HAVING YOUR PARENTS OR LEGAL GUARDIAN SIGN BELOW. (\*NOTE: A GUARANTOR'S SIGNATURE IS NOT REQUIRED IF YOU ARE IN THE U.S. MILITARY SERVICE.)

GUARANTOR'S AGREEMENT: MY SIGNATURE BELOW INDICATES THAT I GUARANTEE THE OBLIGATION UNDER THE AGREEMENT LISTED ON THIS APPLICATION.

GUARANTORS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
GUARANTORS PRINTED NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_