

SEMO AIRSOFT

WAIVER AND RELEASE OF LIABILITY

In consideration of SEMO AIRSOFT furnishing services and/or equipment to enable me to participate in airsoft games, I agree to the following:

I fully understand and acknowledge that; (a) risks and danger exist in my use of airsoft equipment and participation in airsoft activities; (b) my participation in such activities and/or use of such equipment may result in my injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the land owners, employees, officers or agents of SEMO AIRSOFT, the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes, and (d) by my participation in these activities and/or use of equipment, I here by assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by negligence or other conduct of the owners, land owners, agents, officers, and employees of SEMO AIRSOFT or any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify SEMO Airsoft, and its owners, agents, officers, employees and all land owners and/or businesses from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of service or otherwise which may arise out of my use of airsoft equipment or may participation in airsoft activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for negligent acts or other conduct by the owners, agents, officers or employees of SEMO AIRSOFT.

I HAVE READ THE ABOVE WAIVER AND RELASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE SEMO AIRSOFT AS WELL AS LANDOWNERS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Print Name _____ Address _____

City _____ State _____ Zip _____

Date of Birth _____ Phone Number _____

Signature _____

Signature of Parent/Guardian _____