

# Prince of Peace High School Youth are invited to a Paintball Extravaganza at:



## **DFW ADVENTURE PARK**

**"The Extreme Theme Park"**

**When: Monday, October 11th, 2010 (School Holiday!)**

**Meet at POP Youth Center at 9am and return at 3pm.**

**\$23 per person (NOT including food and drinks)**

Cost of \$23 includes transportation, 4 hours of full use of playing fields, face mask & goggles, unlimited air, semi-automatic paint gun, and 500 paint balls per person.

Maximum participants is 16 youth and 4 adults. Please return this form with your check to the POP Youth Office.

Deadline to sign up is Monday, October 4th, 2010.

I, \_\_\_\_\_, do hereby give permission for my child,

\_\_\_\_\_ to attend the Paintball Extravaganza at the DFW Adventure Park. I understand that at all times reasonable precautions will be taken to keep my child safe. I hereby release and hold harmless, the Diocese of Dallas, Prince of Peace Catholic Community, their employees, staff, directors, volunteers, and agents from any and all liability, accidents, injuries, law suits, causes of action, and claims arising out of or in connection with my child's participation in the event. In case of emergency, I hereby request, consent to, and authorize that first aid, medical treatment, and medication be administered to my child by a person qualified to render such service, if deemed necessary by a physician or an adult if a physician is not present. **I have also read and signed the waiver on the back of this form as required by DFW Adventure Park.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Policy Number:

\_\_\_\_\_  
Tel. #

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Cell Phone

For Office Use Only: Paid \_\_\_\_\_

Check # \_\_\_\_\_

**RECREATIONAL ACTIVITY RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

Please read and be certain you understand the implications of signing. Express Assumption of Risk Associated with Recreational Activities.

I, \_\_\_\_\_, do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with the recreational activity generally described as Paintball/Laser Tag/Airsoft, including the rental of equipment and transportation associated therewith of which I am about to engage in. Inherent hazards and risks include but are not limited to:

1. Risk of injury from the activity and equipment utilized is significant including the potential for permanent disability and death.
2. Possible equipment failure and/or malfunction of my own or others' equipment.
3. This activity takes place outdoors and therefore includes risks associated with exposure to elements, excessive heat, hypothermia, impact of the body upon the water, injection of water in my body orifices, encountering objects either natural or man-made, exposure to animals with the attendant risk of kicking, biting, shying away, running off, or otherwise moving in an unanticipated manner causing injury and/or death.
4. My own negligence and/or the negligence of others, including but not limited to operator error and guide decision making including misjudging terrain, rapids, weather, trails or route location.
5. Attack by or encounter with insects, reptiles, and/or animals.
6. Accidents or illness occurring in remote places where there are no available medical facilities.
7. Fatigue, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.

\*I understand the description of these risks is not complete and that unknown or unanticipated risks may result in injury, illness, or death.

**Release of Liability, Waiver of Claims and Indemnity Agreement**

In consideration for being permitted to participate in the activity (ies) described above and related activities, I hereby agree, acknowledge and appreciate that:

1. I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE, the following named persons or entities, herein referred to as releasees. DFW Adventure Park, Inc.
2. To release the releasees, their landlord/lessor, their officers, directors, employees, representatives, agents, and volunteers, and vessels from liability and responsibility whatsoever and for any claims or causes of action that I , my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of engaging in the above activities.
3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this Agreement.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

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

\_\_\_\_\_  
Signature of Adult Participant

\_\_\_\_\_  
Name of Adult Participant (Please Print) Date

**FOR PARTICIPANTS OF MINORITY AGE:** This is to certify that I, as Parent, Guardian, Temporary Guardian with legal responsibility for this participant, do consent and agree not only to his/her release of all Releasees, but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

\_\_\_\_\_  
Signature of Parent or adult legal guardian

\_\_\_\_\_  
Name of Parent or adult legal Guardian (Please Print) Date

\_\_\_\_\_  
Name of Minor (Please Print)

\_\_\_\_\_  
Date

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

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