



Liability Waiver – Airsoft Activity

Player Name:

Parten/Legal Guardian Name:

(if under 18)

Driver's License Number:

(guardian's if under 18)

Home Address:

Phone Number:

Email Address:

I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** Orange County Airsoft/Death Strike Airsoft Team/Team Raptor (hereafter referred to as OC Airsoft), its officers, members, agents from liability **from any and all claims including the negligence of OC Airsoft, its officer, members and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in OPERATION BLUE EYE (hereafter referred to as The Activity).

Signature of Parent/Guardian of Minor

Date

Signature of Participant

Date

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD OC Airsoft HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, full understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor

Date

Signature of Participant

Date

Participant's Age (if minor) _____