

**WAIVER OF LIABILITY**  
**Timberline Adventure Park**  
**Timberline Paintball, L.L.C.**

I understand that I may be injured or die while playing or watching the game/sport of paintball/Airsoft/Laser Tag

I understand that serious and/or permanent eye injury, including loss of eye sight can occur if I do not wear approved paintball or Airsoft safety goggles. I understand that these goggles may fog or become dirty, and I agree under no circumstances will I remove my safety goggles while in on a "playing field."

I am completely aware of the risks and hazards involved in playing and/or watching paintball/Airsoft/Laser Tag, which include, but are not limited to, being hit by paintballs/BBs, possible malfunction of equipment, falling over natural or manmade obstacles, and other peoples failure to follow the rules. I understand that I will be exposed to risks and hazards just by being on the premises of a field of play. I understand that I may become injured or die due to these risks and hazards and none the less wish to play/or watch Paintball/Airsoft/Laser Tag and enter onto the premises.

As a condition of being allowed to be on these premises to play and/or watch any sport, I knowingly and voluntarily waive my legal rights that I may have against the field operator, the land owner, their volunteers or against any and all claims and/or actions, arising out of, connected with or resulting from my playing and/or watching paintball or just being on the premises.

I understand by signing this waiver I am freely giving up certain legal rights, specifically, I understand that I may not sue any of the above named parties for damages should I be injured and/or die while on these premises and/or while playing any sport. I understand and agree that this waiver is binding on me, my estate, my heirs, my representatives and my assigns. I intend to be fully bound by this waiver.

**PLEASE PRINT CLEARLY**

**Print Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Date Of Birth:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State :** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (required if you are leaving children)

**I have read and understand this waiver and I have read and understand the rules.**

**Sign Here :** \_\_\_\_\_

**\*\* If you are under the age of 18 years, your parent or guardian must sign and accept full liability. I understand the rules and this waiver and take full responsibility for the above named person.**

**Signature of Parent or Guardian:** \_\_\_\_\_

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 **Please sign me up for Timberline's Email Newsletter:**

**Email:** \_\_\_\_\_@\_\_\_\_\_

**Please do not include me in any promotional contact.**

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**Store Use Only:**

**Paintball**       **Airsoft**       **Splatmaster**       **Laser Tag**

**Party:** \_\_\_\_\_