

# UP THE RIVER PAINTBALL

6144 Cumming Hwy, Buford, GA 30518

## ACKNOWLEDGEMENT OF RISK, EXPRESS AND ASSUMPTION OF RISK AND RESPONSIBILITY, MEDICAL AUTHORIZATION, AND RELEASE OF LIABILITY

Please read carefully before signing

**ACKNOWLEDGEMENT OF RISK:** granted the permission to participate in any way the sport of paintball and activities including, but not limited to playing, using the premises, and/or operating the equipment rented and authorized by *Up The River Paintball*. I hereby acknowledge multiple risk of my participation including, but not limited to: (1)injury resulting from engagement of the activity (2)injury resulting from wildlife (3)injury resulting from objects of natural composition or manufactured composition (4)injury or illness including, but not limited to bodily injury, cuts, wounds, disease strains, heat stroke, dehydration, heart attack, fractures, sprains, torn muscles, eye injury and or blindness, allergic reactions, shock, partial and or permanent paralysis, disability and death.

**EXPRESS AND ASSUMPTION OF RISK AND RESPONSIBILITY:** In spite of risk, I do hereby appreciate, acknowledge, and agree to assume full responsibility for my participation. I hereby inherit the risks of any minor children for which I am responsible while engaging in the activity. I understand the rules of play and will abide by the rules and regulations set by *Up The River Paintball*. I am aware that the allowed age to participate minimum age is ten years of age.

**MEDICAL AUTHORIZATION:** I hereby give permission for *Up The River Paintball* to authorize any emergency medical treatment deemed necessary to injury incurred by participation.

**RELEASE OF LIABILITY:** In consideration to the information provided above, I do hereby release, waive, discharge, and indemnify *Up The River Paintball*. By composing this agreement I hereby to not rely on any oral, written, or visual presentations other than what has been specified above. I agree to release and hold harmless *Up The River Paintball*, the owners, directors, volunteers, employees, and agents.

Emergency Contact:	
Name	Phone

\_\_\_\_\_  
Print Name                                      Age                                      DOB                                      Phone

\_\_\_\_\_  
Signature                                      Email

\_\_\_\_\_  
Signature of Parent/Guardian  
(If Participant is less than 18yrs of age)

\_\_\_\_\_  
Date