# RELEASE / WAIVER OF LIABILITY AND ASSUMPTION OF RISK

## APPLICATION TO PLAY OR OBSERVE PAINTBALL (SOVENANT NOTE TO SUE)

All visitors and users of the premise must sign this waiver form and agreed to the terms and conditions as stated below by **SOP(School of Paintball) Pte. Ltd**.

I am aware and agree,

1. The existence of risks and dangers in the use of the paintball equipment(s) and in paintball activities.
2. That my participation in paintball activities or the use of equipment(s) may result in injury and/or illness, including but not limited to body injuries, disease strains, fractures, partial and/or total paralysis, eye injuries, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability.
3. To participate in the game according to the rules and regulations, which have been explained in the safety briefing and/or posted in the premises, and follow directions given by any referees or employees of SOP(School of Paintball) Pte. Ltd.
4. That both my physical condition and mental state are sufficiently well for my safe participation in the activities and use of equipment(s).
5. To handle any paintball equipment(s) in a manner that will not cause injury or damage to myself, other players, visitors or to the equipment(s).
6. To be liable for any damages to the paintball equipment that is spoilt or damage in the process of usage.
7. To certify that I am 18 years old or above, or that I am 14-17 years old and have sought my parent's/guardian's consent in my participation in paintball activities as signed by my parent/guardian below.
8. To authorize the use of photos, videos, names, comments, game results, personal data and etc. for SOP(School of Paintball) Pte. Ltd. marketing purposes.
9. That I assume all risks, dangers and all responsibilities for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, umpires, vendors, employees of SOP(School of Paintball) Pte. Ltd or by any other person.

I hereby, voluntarily agree to fully release, waive, discharge, defend and indemnify SOP(School of Paintball) Pte. Ltd. and its owners, agents, officers, vendors and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise from my use of paintball equipment or my participation in paintball activities.

| **No.** | **Full Name (as per NRIC/passport)** | **NRIC/ Passport No./ FIN** | **Email Address** | **Contact Number** | **Signature** | **To be filled by player's Parent/Guardian** **Strictly compulsory for all players aged from 14 to 17.* | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | **Full Name** | **Contact Number** | **Signature** |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |
| 8. | | | | | | | | |
| 9 | | | | | | | | |
| 10. | | | | | | | | |