AIRSOFT PACIFIC, LLC RELEASE of LIABILITY

NOTE: THIS FORM MUST BE R	EAD AND SIGNED I	LITY READ BEFORE SIGNING BEFORE THE PARTICIPANT IS ALLOWED TO TAKE OSTED BY AIRSOFT PACIFIC, LLC.
PARTICIPANT'S NAME (Please Pri	int)	DATE OF BIRTH
IN CONSIDERATION of being per auspices of AIRSOFT PACIFIC,		in any way in the sport and activities of airsoft under the appreciate, and agree that:
	while particular prote	ved in airsoft is significant, including the potential for active equipment and personal discipline will minimize this
		H RISKS, both known and unknown, EVEN IF ARISING om liability below, and assume full responsibility for my
	ns. If I observe any unu	and mentally intense. I understand the rules of play and will usual or unnecessary hazard during my participation, I will us practical; and,
AND HOLD HARMLESS AIRSO airsoft activities, their officers, offic ALL INJURY, DISABILITY, DEA	FT PACIFIC, LLC, to cials, agents and/or emaTH, or loss or damage	al representatives and next of kin, HEREBY RELEASE the owners and lessors of premises used to conduct the aployees ("Releasees"), WITH RESPECT TO ANY AND to person or property, WHETHER CAUSED BY THE E, except that which is the result of gross negligence and/or
5. I understand and agree that this F SPONSORED or HOSTED BY AI		reement covers each and every airsoft activity or event LC in which I participate hereafter
6. I hereby grant permission to AIR for advertising, trade, and any other		C to use my photographic likeness in all forms and media
UNDERSTAND ITS TERMS, UN	DERSTAND THAT I	ASSUMPTION OF RISK AGREEMENT, FULLY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY ARILY WITHOUT ANY INDUCEMENT.
X	_ Date Signed:	Phone #:
Street Address		E-Mail Address
City, State, Zip Code		
This is to certify that I, as parent/gu to his/her release of AIRSOFT PA	ardian with legal respo	ER AGE 18 AT TIME OF REGISTRATION) onsibility for this participant, do consent and agree not only other Releasees but also to release and indemnify the avolvement in these programs for myself, my heirs, assigns,
XPARENT/GUARDIAN'S SIGNATURE		Date Signed:

EMERGENCY CONTACT PHONE #(S) _____