



INSURANCE WAIVER

PLEASE PRINT CLEARLY AND IN CAPITALS

I..... DATE OF BIRTH / /
OF.....
POSTCODE..... TELEPHONE NUMBER.....

WANT TO PLAY PAINTBALL AT THE AMBUSH PAINTBALL SITE AND SIGN THIS DOCUMENT IN CONSIDERATION OF BEING GIVEN THE OPPORTUNITY TO ENGAGE IN THIS ACTIVITY.

I UNDERSTAND THAT :-

- (1) THE GAME IS PHYSICALLY AND MENTALLY INTENSE AND MAY REQUIRE EXTREME EXERTION TO PLAY.
- (2) THE GAME CAN BE DANGEROUS IF NOT PLAYED IN ACCORDANCE WITH THE STATED RULES WHICH I HAVE READ AND UNDERSTOOD.
- (3) THE POSSIBILITY OF INJURY TO OTHERS AND MYSELF EXISTS.

I CONFIRM AND AGREE THAT:-

- (1) I AM FULLY AWARE OF THE RISKS TO MYSELF AND OTHERS INVOLVED IN PLAYING PAINTBALL AT AMBUSH AND THAT I WILL NEVER, UNDER ANY CIRCUMSTANCES, DELIBERATELY SHOOT ANYONE IN THE FACE, NECK OR HEAD.
- (2) I AM PHYSICALLY FIT AND MENTALLY ABLE TO TAKE THE STRAIN AND EXERTION INVOLVED IN PLAYING THE GAME. I HAVE NO MEDICAL CONDITION THAT WOULD PREVENT ME FROM PLAYING (PLEASE MAKE A MARSHALL AWARE IF YOU USE AN INHALER OR OTHER MEDICAL AID)
- (3) I WILL COMPLY WITH THE AMBUSH PAINTBALL RULES AND USE THE EQUIPMENT AS INSTRUCTED AND NOT SO AS TO INJURE OR HURT OTHERS AND WILL OBEY ALL DIRECTIONS OF THE MARSHALLS.
- (4) I WILL WEAR GOGGLES AND NOT REMOVE THEM WHILE IN THE MAIN PLAYING AREAS.
- (5) CARS ARE PARKED AT THE OWNERS RISK IN THE DESIGNATED PARKING AREA. AMBUSH DO NOT ACCEPT ANY RESPONSIBILITY FOR VALUABLES LEFT WITH THE MARSHALLS.
- (6) I ACCEPT THAT I MIGHT SUSTAIN BRUISES AS A RESULT OF BEING SHOT BY PAINTBALLS.
- (7) I WILL PAY ANY CHARGES INCURRED BEFORE LEAVING THE SITE. I ALSO AGREE TO PAY ANY ADMINISTRATION CHARGES WHICH MIGHT OCCUR AS A RESULT OF CHEQUES BEING RETURNED OR CREDIT CARD PAYMENTS NOT BEING ACCEPTED.

RELEASE :-

I HEREBY RELEASE, REMISE AND FOREVER DISCHARGE FROM ANY CLAIMS AND LIABILITIES WHATSOEVER WITHOUT LIMITATIONS THAT I MIGHT HAVE AGAINST THE AMBUSH PAINTBALL THE OWNERS OF THE PROPERTY ON WHICH THE GAME IS BEING PLAYED AND ANY OTHER PLAYER IN THE GAME WHO MIGHT INJURE ME HOWSOEVER ARISING, AND I MAKE THIS RELEASE ON BEHALF OF MYSELF, MY HEIRS, EXECUTORS, ASSIGNS AND ADMINISTRATORS.

SIGNED..... DATE.....



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