## WOODLOCH PINES, INC. ACKNOWLEDGMENT OF RISKS & HAZARDS LIABILITY RELEASE & AGREEMENT NOT TO SUE

| Accepted By:   | WPI Staff Member  | Date   |  |
|--|---|--|--|
| Participant's Name (Printed)   |   | DOB  | Room #   |
| Home Phone Ad  | ldress  |  |  |
| Do you have any medical conditions we sho  | ould be aware of (If so, wha  | t are they?)   |  |
| PARTICIPATING IN THIS PAINTBALL<br>RESULT IN DISCOMFORT OR LACER<br>OR PARTICIPATING IN THIS PAINTBAND WAIVER AFFECT YOUR LEGAL  | ATIONS OF SKIN. READ<br>ALL ACTIVITY. THIS IS A   | THIS WAIVER TH   | HOROUGHLY BEFORE SIGNING   |
| 1. I RECOGNIZE AND ACKNOWLEDG same factors that contribute to enjoying injury or even death. Having acknowledg the following specific risks, that may arise my participation in the Activity may resu experience fatigue, extreme heat, chill an therefore increase the risk of accident; (c fields and/or roads and erosion through properly participate in the Activity or to f contribute to the chances of accident, inju WITH FULL KNOWLEDGE AND APPR | an activity may also result<br>ed that such risks exist, I he<br>by participating in the Wo<br>alt in accidents, injury, seri-<br>id/or dizziness which may<br>e) changing weather, fog, ra-<br>or near which I will be we<br>follow rules and directions carry, serious injury and/or of | in damages, injurereby specifically a sodloch Pines, Inc. I out injury and/or diminish my reaction, sleet, snow, an walking, running a concerning the Actileath. I VOLUNTA | y, illness or, in certain cases, serious accept and assume all risks, including Paintball Activity (the "Activity"): (a) death; (b) during the Activity, I may ion time and that of others and may d/or other conditions, slippery trails, and/or traveling, my own inability to vity and unforeseeable events may all ARILY ASSUME ALL SUCH RISKS |
| 2. I voluntarily agree to assume all risk of broken bones, sprains, strains, dislocations I am participating in this Activity, any opersonnel. I hereby knowingly and inter Woodloch Pines, Inc., their owners, direct WHATSOEVER, including injury, death Pines, Inc. attorney fees, resulting from a participation in the Activity. This release from the negligence, wrongful acts, omiss parties released.   | s, lacerations, abrasions, pa<br>even or program, whether<br>ntionally waive and releas<br>ctors, officers, managers, en<br>, loss of property, expenses<br>my participation in the Act<br>shall be effective even tho  | raplegia, quadriple<br>or not under the<br>e, and agree to in<br>nployees, represen<br>s, Woodloch Pines,<br>ivity and/or any la<br>ugh said loss, dam                     | egia and death which may occur while<br>supervision of Woodloch Pines, Inc.<br>ndemnify, hold harmless and defend<br>tatives, and agents from any liability,<br>Inc. costs of defense and Woodloch<br>wsuit or litigation resulting from my<br>age, or injury results or has resulted  |
| 3. I understand that the activities of paint limitations which would affect my safe a equipment I may use, and to advise staff rules and guidelines and agree to abide instruction to me, I agree to comply.   | use of the facilities and the<br>members if I do any damag  | is Activity. I agree<br>e or notice damage   | e to pay attention to the state of all e. I certify that I have read the posted  |
| 4. I understand that personal possession, is participation and that Woodloch Pines, Inc.   |   |  |  |
| 5. I understand and agree that Woodloch I that the Woodloch Pines, Inc. staff may ten the instructions or meeting the safety req Pines, Inc., its members, and its employer eason.   | rminate my participation in uirements or the rigors of <b>j</b>   | the Activity if it be<br>participating in the  | elieves me to be incapable of following<br>e Activity. I hereby release Woodloch   |

- 6. Participants must be at least 11 years of age. If participant is under 18 the legal guardian must agree to this waiver on behalf of participant. I hereby confirm that I am at least eighteen years of age or as the legal guardian I have read this Release and have taken all responsibility for my participation in the Activity, that I am physically and mentally capable of participating in the Activity, that I will comply with all of the instructions and safety requirements for participating in the Activity, that I am capable of using the equipment provided to me by Woodloch Pines, Inc., and that I am participating in the Activity voluntarily and of my own free will. I acknowledge that I will be required to listen to and follow rules and guidelines for participating in the Activity, including but not limited to the following:
  - I will abide by all instructions provided to me by Woodloch Pines, Inc., and their staff.
  - I will not make any adjustments to my agginment and I agree that all adjustments will be made only by Woodloch

| Pines, Inc. staff, and I will notify staff of any concerns about fit or adjustment of equipment.   | de omy by woodloch   |
|--|--|
| • I will not remove any of my protective equipment during the Paintball Activity.  |  |
| I will not climb on or move any props, barriers or obstacles.  |  |
| I will not shoot at non participants or any participants not wearing protective equipment.   | (INITIAL)  |
| 8. I hereby agree to assume full responsibility for myself and anyone else over whom I am legal guardian, death, or damages incurred as result of my participation in the Activity. I further agree to pay for any and incurred to Woodloch Pines, Inc., its guests and staff as a result of my participation.   |  |
|  | (INITIAL)  |
| 9. I understand that this release is a CONTRACT; and, I expressly state that I have read, understand, and provisions and that I sign it of my own free will.   | d am familiar with its   |
| •  | (INITIAL)  |
| 10. I hereby agree and confirm that the venue of any claim, action, or dispute arising under this agreemen a result of my participation in the Activity, shall be Pike County, Pennsylvania.   | nt and Release, or as  (INITIAL)                                   |
| I read, I understand and I accept the terms and conditions of this release and waiver.   |  |
| Participant's Signature  |  |
| TO BE READ AND SIGNED BY PARENT/GUARDIAN OF MINOR: I hereby state that I am the parent minor listed above. I represent that I have complete and absolute authority to legally act on behalf of the rewith and consent to the terms and provisions set forth in this Release and understand that RELEASEES reupon this representation and would not otherwise allow the minor to participate. I agree to indemnify and RELEASEES from any and all claims which are brought by, or on behalf of the minor, and which are in a with the participation of the minor. | minor. I am familiar<br>relies to its detriment<br>I hold harmless |
| Signature of Parent or Guardian Printed Name   |  |
| <br>Date   |  |