



APPLICANT INFORMATION AND RELEASE FORM

The Alpine Paintball Course applicant and release form must be signed with no additions, deletions or changes, for the participant to take part in the Alpine Paintball Course activities. We want to make sure you understand the risks in Paintball activities and have carefully thought through your willingness to participate.

Please Print:

Participant's Name: _____ **Date of Birth:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: () _____ **Business or Cell Phone:** () _____

I understand the nature of this activity and I am qualified, in good health and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe I will immediately discontinue participation in the activity.

Do you have any health problem or disabilities that may affect your ability to participate in the Alpine Paintball Course program?

If yes, please explain: _____

Please provide the following information in case of emergency:

Person to notify: _____ **Phone:** () _____

List allergies, if any: _____

Medication (s) currently taking: _____

Health/Medical Insurance Carrier: _____ **Policy #:** _____

Release Form: The Alpine Paintball Course activity at Alpine Camp and Conference Center that you have signed up for involves physically and emotionally demanding activities in an outdoor setting. I understand the rules of play and will comply with all rules and regulations. I fully understand and acknowledge that risks and dangers exist in my use of Paintball equipment and my participation in Paintball activities. I also, understand that I am financially responsible for any lost or stolen rental equipment that the above participant rents from Alpine Camp and Conference Center. We want to make sure that you understand the risks of injury before you decide to participate in the activity. **It is required that you read the following very carefully, make sure you understand it, and sign it on your behalf or on behalf of your minor child before participation in the activity begins.**

RELEASE OF LIABILITY DECLARATION

I am fully aware that the Alpine Paintball Course activity at Alpine Camp and Conference Center that I am choosing to participate in or allowing my child to participate in includes rigorous physical activities. I am also aware that there are risks of physical injury or harm from participating in the Alpine Paintball Course activity. The risk of injury from the activity and weaponry involved in Paintball is significant, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist. **I voluntarily elect to participate in the activity or to have my child participate in the activity and assume the risks of injury or harm that could result from that participation.** On my behalf, on behalf of my minor child, and on behalf of my personal representatives and heirs, I hereby forever release and discharge Alpine Paintball Course / Alpine Camp and Conference Center, it's owners, officers, employees, consultants, agents, and directors from all liability for any injury or harm to me or my child from participating in the Alpine Paintball Course activity.

I have read and understand this release of liability, and voluntarily sign it.

I hereby give permission to Alpine Camp and Conference Center agents and employees to administer basic first aid/or seek appropriate medical assistance for my child or me if necessary. I also give permission to Alpine Camp and Conference Center to photograph and/or videotape myself or my child for use in any future promotional material without compensation.

Participant Signature (all participants must sign) _____ **Date** _____

Parent/Guardian Signature – if participant is younger than 18 _____ **Date** _____