

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND  
INDEMNITY AGREEMENT ("AGREEMENT")**

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT WILL BE PERMITTED TO TAKE PART IN ANY AIRSOFT GAMES. If you disagree with or do not understand any provisions contained in this release do not sign it.

IN CONSIDERATION of being allowed to participate in any way in the sport and activities of airsoft at INTERIOR ALASKA AIRSOFT LLC, herein referred to as IAA LLC, I acknowledge, appreciate, and agree that:

1. The risk of injury from the activity and weaponry involved in airsoft is significant, including the potential for permanent disability and death, and while specific protective equipment and personal discipline will minimize the risk, the risk of serious injury does exist;
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation; and,
3. I understand that the activities of airsoft are physically and mentally intense. I understand the rules of play and will comply with all rules and regulations. I understand that these rules include, but are not limited to, my wearing of an approved safety goggle/mask AT ALL TIMES, except for in designated areas, and that a barrel sock/bag is in place or a holster is used at all times except for in designated areas. I understand that if I fail to follow any of the rules or regulations I will be asked to leave the premises. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practical; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, DEFEND, AND INDEMNIFY FROM LIABILITY IAA LLC, the owners and lessors of premises used to conduct the activities, their officers, officials, members, vendors, volunteers, agents and/or employees ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE; and,
5. I have read, understand and agree to abide by the IAA LLC Ruleset; and,
6. The participant hereby grants IAA LLC permission to use his or her likeness in photograph or video in any and all of its promotional publications, including website entries, without payment or any other consideration. The Participant understands and agrees that these materials will become the property of IAA LLC and will not be returned. The Participant hereby irrevocably authorizes IAA LLC to edit, alter, copy, exhibit, publish or distribute these photos or videos for purposes of publicizing IAA LLC events or for any other lawful purpose. In addition, the participant waives the right to inspect or approve the finished product, including written or electronic copy, wherein his/her likeness appears. Additionally, the Participant waives any right to royalties or other compensation arising or related to the use of the photo or video; and,
7. I understand and agree that this Agreement covers each and every airsoft activity and event in which I am a participant hereafter.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTANDING ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PLEASE **PRINT CLEARLY** ALL INFORMATION

**ALL INFORMATION IS MANDATORY EXCEPT FOR YOUR E-MAIL.** We occasionally send e-mails; we DO NOT sell our e-mail list.

PLAYER'S NAME \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

PLAYER'S SIGNATURE \_\_\_\_\_

The **PLAYER** must sign here to acknowledge they've read and agree to the terms of the waiver. **PARENTS/GUARDIANS** must sign on the back.

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE # \_\_\_\_\_

**FOR ALL PLAYERS UNDER THE AGE OF 18 PLEASE TURN OVER >>>>>>>>**

**PARENT/GUARDIAN CONSENT AND RELEASE OF LIABILITY**

**REQUIRED FOR PLAYERS OF MINORITY AGE**  
**(UNDER 18 AT TIME OF REGISTRATION)**  
**TO BE FILLED OUT BY PARENT OR LEGAL GUARDIAN**

**I AM THE PLAYER'S (please check one):**

- PARENT – you are the mother or father**
- LEGAL GUARDIAN – you are a Step-parent or have a legal document declaring you guardian**
- OTHER – friend, neighbor, sibling, etc... GOOD FOR ONE DAY ONLY!!!!**

RELATIONSHIP TO PLAYER \_\_\_\_\_

This is to certify that I, as parent/guardian with legal responsibility for this participant or with permission from the parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of INTERIOR ALASKA AIRSOFT LLC and all other RELEASEES but also to release and indemnify the RELEASEES from any and all liabilities incident to his/her involvement in these activities for myself, my heirs, assigns, and next of kin.

I hereby give permission to INTERIOR ALASKA AIRSOFT LLC to authorize emergency medical treatment as may be necessary for the child named below while playing airsoft at INTERIOR ALASKA LLC, from the date of this release through year end.

**PLEASE FILL OUT COMPLETELY**

PRINT NAME OF **PLAYER** (listed on page 1) \_\_\_\_\_

PRINT NAME OF **PARENT/LEGAL GUARDIAN** \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINTED NAME OF **SIGNER** \_\_\_\_\_

EMERGENCY PHONE #'s \_\_\_\_\_

ALLERGIES OR SPECIAL MEDS \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

HOSPITALIZATION POLICY NUMBER (Optional) \_\_\_\_\_

**This is page 2, please make sure you have also completed page 1!**