

**ACCEPTANCE OF RISKS AND RESPONSABILITIES
FOR YEAR 2007**

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY PAINTBALL EVENT.

PARTICIPANT'S NAME: _____

DATE OF BIRTH: _____

IN CONSIDERATION of being permitted to participate in any way in the sport/activity of PAINTBALL under the auspices of TACTIK PAINTBALL, I acknowledge, appreciate, and agree that:

1. The risk of injury from the activity and equipment involved in paintball is significant, including the potential for permanent disabilities and death, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury still exist.
2. I fully understand that the activity of PAINTBALL is physically and mentally intense. The participant must be in good physical health and must have no physical restrictions (pregnant women, persons with heart or respiratory problems should not be participating in that type of activity).
3. 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.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS FROM LIABILITY TACTIK PAINTBALL, the owners and lessors of premises used to conduct the paintball activities, their officers, officials, agents and/or employees ("Releases"), 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, except that which is the result of gross negligence and/or wanton misconduct
5. I recognize and will respect all the applicable rules associated with this activity.
6. My equipment is in good working order and is suitable for the type of activity in which I will be participating.
7. I accept full responsibility for my own safety and security during the participation of this activity.
8. If at any time during my participation in this Activity:
 - a) I should notice a change in my physical or mental wellness;
 - b) I feel threatened or in danger for what ever reason;
 - c) I notice or observe a dangerous situation during the activity; **I WILL IMMEDIATELY CEASE ALL ACTIVITY AND NOTIFY THE CLOSEST OFFICIAL.**
9. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

TACTIK PAINTBALL reserve the right to refuse participation to whom ever goes against the security and/or the rules and regulations of TACTIK PAINTBALL. Paintball mask is mandatory on the field and must be worn where specified.

Signed in Gatineau on _____ / _____ / _____
Day Month Year

Signature: _____

Phone: _____ Address: _____