



Jeux Arnold Paintball

Indoor/Outdoor

SURNAME: _____ NAME: _____ AGE: _____

ADDRESS: _____ # APT: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

TEL.: _____ E-MAIL: _____

**WRITE LEGIBLY
PLEASE**

I, THE UNDERSIGN, BY THE PRESENT:

Wish to play « PAINTBALL » at « JEUX ARNOLD PAINT BALL » (name, the Play). I know and understand that to play the Game implies certain risks. The said risks include but are not limited to, the risk of injuries resulting from defective fonction of equipment utilised in the Game and injuries caused by a fall or stumbling on the obstacles found on the ground of the Game. Moreover i know and understand that the effort given in playing the game could cause injuries or death. Despite these risks and including my risks, i wish to play the Game and i assume the risks incurred in playing the Game. By the present, i hold the Operator of the Game « JEUX ARNOLD PAINT BALL » here after named the Promoter and the owner of the site [FERMES A&S BEAUDIN] inoffensive and the guarantee against all claims, action, procedures, costs, expenses, including fees and expenses of layers, damages and responsibilities due to, related with or resulted from the Game, including its limitation, those resulting from selections, delivery, possession, utilisation or operation of such equipment. By the present i liberate the Promoter of all responsibilities and i understand that such waiver will be executed by my succession, my successors, my representatives, and assignees. By the present, i certify to the Promoter that i am in good health and i have no heart trouble and other conditions that could exacerbate by the effort implied in the Game. I certify that i am 18 or over.

I engage to play the game only in respecting the rules described by the Promoter and accept:

- a) to wear the mask during all the time that i am on the Game field or in the playing zone, even if i am stained with paint or if the Game is finised. I understand that damage to th eyes, including the lost of the eyesight, could happen if i do not wear my security glasses or mask when the guns are discharged around me. If my security glasses or mask become foggy or for another reason block my view, i will ask some one close to me to bring me where i am to a protected sone. I will take off my security galsses or mask only when i am in this zone, i understand that all security glasses and masks are subject to the possibility of becoming foggy or dirty and if i am near a gun that is discharged when my security glasses and masks are not well place, i could be badly hurt and it could be permanent.
- b) to avoid physical contact or to fight with other players.
- c) to stay in the lines of the boundary on the Game ground and not to pursue or run after someone in places particularly difficult or dangerous.
- d) to keep my gun in a secure position in a way that it will not discharge in a secure zone at all times and in the playing zone when i am not participating and also on the Game field before and after all the Game. Likewise I will aim my gun at another person only during the Game. I will not point my gun in the secure zone.
- e) I keep my security plug on my gun at all times when i am not participating in the Game.

For security reasons, i accept to utilize only the equipment or other provisions furnished by the prooter when i am playing the game and praticing on the playing area. A written permission from the Promoter is necessary if i want to use other equipments or provisions. If i choose to use security glasses or mask and a gun that are not available by the Promoter, i testify that these equipments are at least as secured as the equipments offered by the Promoter. I accept to ask the Promoter the clarification of all security rules or procedures and more instructions on all the subjects if i do not understand that could affect the security of the Game or the way i play the Game.

I read this waiver of responsibility and suppositions of risks attentively and I understand that by my signature I accept that my succession, my successors, and my assignees will not pursue the Promoter, hold him responsible for all injuries, including death, resulting from the fact that I play the Game. I am binded by this agreement.

I accept for security and consideration of others, not to adjust my personal gun (if i use it) to surpass a velocity of 300 feet per second. I accept to verify the velocity of my personal gun before the Game and i will not change my gun in any way in order to increase the velocity of 300 feet pers second. I accept to take all responsibility for all injuries to other plyers caused by my personal equipment or from my negligence when i am at JEUX ARNOLD PAINT BALL.

You agree that pictures taken on Arnold Paintball fields over which you appear can be used by Arnold Paintball. You agree that your email address may be used by Arnold Paintball to send you invitations and promotions.

By virtue of my signature, I acknowledge and accept all the terms and conditions such as described above.

THE WEARING OF A CERTIFIED PAINTBALL MASK IS OBLIGATORY ON ALL GAME FIELDS

Signature : _____ Date : _____

Signature d'un parent (si moins de 16ans) : _____

Organizer of my group : _____

Where have you heard about Arnold Paintball? Radio TV Flyer Mail Shows Yellow Pages Web Friends

RESERVED FOR THE ADMINISTRATION: Regular Bronze Silver Gold Platinum Diamond

Ball, Pod (100): 1 2 3 4 5 6 7 8 9 10 _____

Candy's: 1 2 3 4 5 6 7 8 9 10 _____

Lock: 1 2 3 4 5 6 7 8 9 10 _____

Rental: 1 2 3 4 5 6 7 8 9 10 _____

Kit "A"

Marker #: _____

Suit #: _____

Total :

Marker : 350.00\$

Suit : 75.00\$

Mask : 80.00\$

Pouch & Belt : 45.00\$

Gloves : 25.00\$

Neck Protector : 20.00\$

Plug : 3.50\$

Paid :