MOODY AIR FORCE BASE SPLATTER SWAMP PAINTBALL

COVENANT NOT TO SUE & INDEMNITY AGREEMENT

In consideration of the permission granted to me to compete and participate in the game of paintball, I agree that I will not hold the United States of America, the Moody AFB Outdoor Recreation department, any other United States Air Force agency, organization, or its officers, members agents, or employees, responsible for any harm or injury, from any cause, which may befall me related to or arising from the participation in this activity (Paintball), and hereby, release said entities and persons from any liability relating thereto. If I, my heirs, administrators, executors, or assignees should demand, claim, sue or aid in any way in such a demand, claim, or suit, I agree for myself, my heirs, administrators, executors, and assignees to indemnify the US Government for all damages, expenses, and costs it may incur as a result thereof.

I know, understand and agree that I am freely assuming the risk of my personal injury, death, or property damage, loss or destruction that ay result while participating in the paintball program, including such injuries, death, loss or destruction as may be caused by the negligence of the US Government. I also understand and agree that I may be held liable for any damage or loss to the US Government, which is caused by my gross negligence, willful misconduct, dishonesty, or fraud and for limited damages or loss to the US Government, which is caused by my simple negligence.

ADULT PARTICIPANT or PARENT OF MINOR

NAME:_____ DATE:_____

STREET ADDRESS:_____ CITY/STATE:_____

PARTICIPANT/PARENT SIGNATURE_____PHONE:_____

-------------AGREEMENT FOR MINOR PARTICIPANT (AGES 10-17)--------------

I, _____, PARENT OF THE BELOW NAMED MINOR/MINORS DO HEREBY **(1)** CONSENT TO HIM/HER PARTICIPATING IN THE GAME OF PAINTBALL, **(2)** AGREE TO THE PROVISIONS OF THE ABOVE AGREEMENT AND ADOPT IT AS MY OWN, AND **(3)** AGREE TO REIMBURSE THE US GOVERNMENT FOR ANY DAMAGES OR LOSS INCURRED BY IT FOR WHICH THE MINOR WOULD BE LIABLE WERE HE/SHE OVER 18 YEARS OF AGE.

Parent/Guardian Signature:_____Date:_____

Minor Signature:_____Minor Printed Name:_____

Minor Signature:_____Minor Printed Name:_____

Minor Signature:_____Minor Printed Name:_____

Minor Signature:_____Minor Printed Name:_____

Minor Signature:_____Minor Printed Name:_____

Minor Signature:_____Minor Printed Name:_____

Minor Signature:_____Minor Printed Name:_____

Minor Signature:_____Minor Printed Name:_____

Minor Signature:_____Minor Printed Name:_____

Minor Signature:_____Minor Printed Name:_____

Minor Signature:_____Minor Printed Name:_____

Minor Signature:_____Minor Printed Name:_____

Minor Signature:_____Minor Printed Name:_____

Minor Signature:_____Minor Printed Name:_____

Minor Signature:_____Minor Printed Name:_____

Minor Signature:_____Minor Printed Name:_____

Minor Signature:_____Minor Printed Name:_____

Minor Signature:_____Minor Printed Name:_____

Minor Signature:_____Minor Printed Name:_____

Minor Signature:_____Minor Printed Name:_____

Minor Signature:_____Minor Printed Name:_____

Minor Signature:_____Minor Printed Name:_____

Minor Signature:_____Minor Printed Name:_____

Minor Signature:_____Minor Printed Name:_____

Minor Signature:_____Minor Printed Name:_____

Minor Signature:_____Minor Printed Name:_____