



Sound View Camp And Retreat Center

PAINTBALL RELEASE & LIABILITY FORM

Sound View Camp and its staff will make every reasonable effort to provide participants with a fun and safe experience on the Sound View Paintball course. The sport of paintball has some inherent risks such as minor bruising and the normal risks associated with running around in the woods. In addition to those are additional risks of blindness, other serious injuries, or death if rules are not followed. Parents and guardians are expected to speak with their children regarding these risks and provide them the option to opt-out.

A paintball marker and protective face mask is provided to each participant. In addition, the following guidelines regarding clothing should be followed:

Required:

1. Long pants
2. Long Sleeves (no low-necked shirts)
3. Closed-toe shoes

Suggested:

1. Forearm and/or elbow protection
2. Shin and knee protection
3. Groin protection
4. Chest protection
5. Neck protection

Prohibited:

1. Metal or ceramic cleats, or other clothing that may injure other players.

It is the responsibility of each participant to provide accurate health and medical information to the course leaders. This includes information such as allergies, physical disabilities or handicaps (temporary or permanent), mental or neurological disorders, current medications, etc. This information by no means precludes you from participating on the course. It is for leader awareness in order to maintain a safe environment.

Be aware that at any time Sound View staff can shut down the event because of hazardous conditions (high winds, ice, lightning, a group or individual's unwillingness to follow established safety guidelines, etc.)

More information (including a copy of rules) may be acquired from the Sound View office upon request.

Complete the Following Personal Information

Name of Group: _____ Date of Event: _____

Participant Name: _____ Are you over 18?: ___ YES ___ NO

Who should be notified in case of emergency? _____

Relationship to Participant? _____ Phone: (____) _____

Do you have health/accident insurance? ___ YES ___ NO

If yes, give name & address of company:

1. Do you have any limiting physical disabilities or handicaps, (temporary or permanent)? YES NO

If yes, identify and explain:

2. Do you have any limiting mental or neurological condition (phobias, anxiety, depression, seizures etc.)? YES NO

If yes, identify and explain:

3. Are you currently taking medication(s) (prescribed or otherwise; e.g., cold medication)? YES NO

If yes, state what you are taking and what it is for:

4. Do you have any allergies or other medical limitations such as asthma? YES NO

If yes, please explain:

5. Do you have any other condition that might affect your participation – such as cardiac, back, hernia, etc? YES NO

If yes identify and explain:

RELEASE OF LIABILITY

I have read all the information about Sound View Camp Paintball (pages 1-3), understand my responsibilities and will comply fully. I understand that participation may be physically and/or emotionally demanding. I affirm that my health is good and that I do not have any undisclosed condition, which bears upon my fitness to participate in these activities. I understand that injury or disability could occur during my participation. I participate of my own free choice and assume all obligations, financial and otherwise, which might result from my participation and any injury, which might occur. I release Sound View Camp, the Presbytery of Olympia, and other related agencies from all liability for any injury to me, or personal loss resulting from participation in Sound View activities.

Participant Name (please print) _____

Participant's Signature: _____ Date: _____

Date of Birth (if under 18) ____ / ____ / ____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Parent/Guardian (if participant is under 18 years old):

Parent/Guardian Name (please print) _____

Parent/Guardian Signature: _____ Date: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Pages 2 and 3 of this document must be filled out, signed, and provided to Sound View staff in order for named participant to participate in Challenge Course activities.