## MARYLAND AIRSOFT TEAM ("MAT") RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT 2012

NOTE: BY SIGNING THIS DOCUMENT, YOU GIVE UP CERTAIN RIGHTS, INCLUDING THE RIGHT TO SUE, PLEASE READ IT CAREFULLY.

(Please Print Clearly – Blue or Black Ink) PARTICIPANT'S LEGAL NAME:	E READ II CAREF	OLL 1.		
DATE OF BIRTH:Age: _				
ALLERGIES:				
MEDICATIONS:				
<b>IN CONSIDERATION</b> of being permitted to participate in any way in other good and adequate consideration, the receipt and sufficiency of				
1. The risk of injury from the activity and weaponry involved in airsoft particular protective equipment and personal discipline will minimize				
2. There is a chance of being injured, dismembered, or killed by runr other unspecified dangers as a result of playing Airsoft outdoors.	ning into props, trees, poisono	ous snakes, other players, undesir	able vegetation, and	
3. I understand that events may be held in remote locations where en	mergency care is not readily	available and may be out of teleph	none contact.	
4. I have my own health insurance and/or medical care arrangement that I am injured at a MAT event.	s, and do not rely on, or expe	ect the MAT to provide care, or cos	st of care, in the event	
5. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both released from liability herein, and assume full responsibility for my page 1.		IF ARISING FROM THE NEGLIG	ENCE of those persons	
	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 bserve any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practical.			
7. On behalf of myself and my heirs, assigns, personal representative LAND OWNERS and all those persons acting by, through, or on behalf includes, but is not limited to, owners of property used, WITH to person or property, negligence, or wanton misconduct. I also agree judgments, and costs, including attorney's fees, incurred in confort the activities of airsoft.	nalf of the MAT, or otherwise RESPECT TO ANY AND AL ee to INDEMNIFY AND HOL	involved in conducting the airsoft a L INJURY, DISABILITY, AND DE D HARMLESS the Releasees fro	activities ("Releasees") ATH and loss or damage om all claims,	
8. I understand and agree that this Release of Liability Agreement cohereafter.	overs each and every Airsoft	activity and event in which I partic	ipate on this date and	
I HAVE READ THIS RELEASE OF LIABILITY AND A TERMS, I UNDERSTAND THAT I HAVE GIVEN UP S AND VOLUNTARILY WITHOUT ANY INDUCEMENT.	UBSTANTIAL RIGHTS			
x	DATE:			
PARTICIPANT'S SIGNATURE				
ADDRESS	CITY	STATE	ZIPCODE	
PHONE:	EMAI	L:		
YOUTH MEMBERSHIP ONLY - 17 YEARS OF AGE	AND YOUNGER			
PARENT/GUARDIAN MUST READ THIS FORM AND SIGN BELOW I understand that there is a significant risk of injury, dismemberment, This is to certify that I, as parent/guardian with legal responsibility for all other Releasees as above, but I, too, have read this document all those persons acting by, through, or on behalf of the MAT, or othe not limited to, owners of property used, WITH RESPECT TO ANY An negligence, or wanton misconduct. I also agree to INDEMNIFY AND including attorney's fees, incurred in connection with any action Airsoft.	, and death associated with m r this minor participant, do col and HEREBY AGREE TO R erwise involved in conducting ND ALL INJURY, DISABILIT D HOLD HARMLESS the Re	ny child's participation in this and a nsent and agree not only to his/he ELEASE THE MARYLAND AIRS the Airsoft activities ("Releasees" TY, AND DEATH and loss or dama leasees from all claims, judgme	any future MAT event. It release of the MAT and GOFT TEAM ("MAT") and which includes, but is age to person or property ents, and costs,	
XPARENT/GUARDIAN'S SIGNATURE		PARENT/GUARDIAN'S PRINTED NAME		
ADDRESS	CITY	STATE	ZIPCODE	
DATE SIGNED:	EMERGENO	RGENCY PHONE#:		