

RELEASE OF LIABILITY TO PLAY PAINTBALL AT CAMP FAIRWOOD



Camp Fairwood

W7905 S. Pleasant Rd., Westfield, WI 53964
608-296-2801 info@campfairwood.org
www.campfairwood.org

This release is granted by (Please give names of both parents or guardians, or paintball player's name if over 18 years of age)

of (Full Address) _____

referred to as "I") to **Camp Fairwood** of W7905 S. Pleasant Rd., Westfield, WI 53964 (hereafter referred to as "THE CAMP").

1. I, the undersigned, do for myself or on behalf of my child or legal ward, hereby voluntarily request to participate in paintball at THE CAMP, and that the player(s) will use paintball equipment provided by the camp.
2. The parents or guardians and paintball player(s) understand that playing paintball is an adventure sport that can be dangerous and possible for players to experience welts, bruises or cuts from the paintballs. There is also a danger in running around the paintball field with "bunkers" in place. I understand these risks, and I voluntarily assume these risks and dangers. The player(s) further agrees to not abuse or misuse the paintball equipment, as these actions may result in increased risk to me and others.
3. I have been advised that player(s) will wear a face mask whenever on the paintball field and will also have a barrel bag over the barrel of the paintball gun whenever the player is not actively playing paintball off the field. Face masks and barrel bags will be provided by THE CAMP, as well as explanation on how to play the game safely.
4. **LIABILITY RELEASE:** I hereby release THE CAMP from any claims, damages or causes of actions of any kind arising out of my or my child's participation in playing paintball while at THE CAMP. Such claims include but are not limited to personal injury, medical expense, and loss of time at work or school, and shall bind my or my child's heirs, successors and assigns, to the benefit of the successors or assigns of THE CAMP.

I, THE UNDERSIGNED, BEING OF LEGAL AGE AND OF SOUND MIND AND NOT BEING UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR INTOXICANTS, HAVE READ AND UNDERSTAND THE FOREGOING RELEASE. I ALSO ACKNOWLEDGE I HAVE BEEN INFORMED THAT A COPY OF THIS RELEASE IS AVAILABLE UPON REQUEST.

Full name(s) of Paintball Player(s) if under age or guardianship:

_____ age _____

_____ age _____

Signature of Father _____ Date _____

Signature of Mother _____ Date _____

Signature of Adult Paintball Player (if of legal age and not under guardianship)

_____ Date _____

Full Address (if different from above) _____

Home Phone _____ Cell Phone _____

RELEASE OF LIABILITY FOR HORSE RIDING

This release is granted by (Please give names of both parents or guardians, or riders name if over 18 years of age)

of (address) _____

referred to as "I") to **Camp Fairwood** of W7905 S. Pleasant Rd., Westfield, WI 53964-9604 (hereafter referred to as "THE CAMP"), and to various horse owners who may be renting or loaning horses to the camp (hereafter referred to as "THE HORSE OWNERS").

1. I understand that THE CAMP has made arrangements with THE HORSE OWNERS to provide horse's and tack for people who attend THE CAMP. I also understand that THE HORSE OWNERS are a separate business or individual and may or may not be related to THE CAMP.
2. I, the undersigned, do for myself or on behalf of my child or legal ward, hereby voluntarily request to participate in horse rides at THE CAMP, and that rider(s) will ride a horse provided by THE HORSE OWNERS.
3. The parents or guardians and rider(s) understand that horses are unpredictable by nature; that when frightened or angry or under stress, a horse's natural instincts are to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear up in front, or to bite; that horses are extremely powerful; and that if a rider falls to the ground, the fall distance will be generally from 3 1/2 to 5 1/2 feet. I understand these risks, and I voluntarily assume these risks and dangers. The rider further agrees to not abuse, misuse or deliberately agitate the horse as these actions may result in increased risk to myself and others
4. I have been advised that rider(s) should wear a helmet or hard hat and to wear it in and around any area designated by THE CAMP for horse riding so as to prevent horse related injuries (helmets will be provided by THE CAMP).
5. **LIABILITY RELEASE:** I hereby release THE CAMP and THE HORSE OWNERS from any claims, damages or causes of actions of any kind arising out of my or my child's participation in horse riding or other equine activities (such as preparing to ride, mounting/dismounting the horse, etc.) while at THE CAMP. Such claims include but are not limited to personal injury, medical expense, and loss of time at work or school, and shall bind my or my child's heirs, successors and assigns, to the benefit of the successors or assigns of THE CAMP and THE HORSE OWNERS.
6. This release is entered into in the state of Wisconsin and will be interpreted and enforced under the laws of this state.

NOTICE OF STATUTORY LIABILITY IMMUNITY. Sections 895.481 (4) and (5) of the Wisconsin Statutes provide that a person who is engaged for compensation in the business of renting equines or horses shall post a notice at the stables and shall include the notice in any contract for the rental of equines. Although this document is not a contract for the rental of equines, the following notice is being provided for informational purpose only:

Notice: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes.

I, THE UNDERSIGNED, BEING OF LEGAL AGE AND OF SOUND MIND AND NOT BEING UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR INTOXICANTS, HAVE READ AND UNDERSTAND THE FOREGOING RELEASE. I ALSO ACKNOWLEDGE I HAVE BEEN INFORMED THAT A COPY OF THIS RELEASE IS AVAILABLE UPON REQUEST.

Full name(s) of student rider(s) if under age or under guardianship:

Age _____ Week of Camp Attending: _____
Age _____ Week of Camp Attending: _____

Signature of Father _____ Date _____
OR
Signature of Mother _____ Date _____

Signature of Rider (if of legal age and not under guardianship) _____ Date _____

Full Address _____
Street _____ City _____ St _____ Zip _____

Home or Cell Phone _____