

OCA Field Waiver

Application to play at OCA Field Clarkston. Print this form, fill in the blanks, and give it to the event coordinator when you arrive at the field. Print Clearly!

I, the undersigned, want to play the airsoft activities offered by this playing field, and sign this application in consideration of being given the opportunity to engage in this sport.

PRINT CLEARLY

Group: _____

Player's Name: _____

Address: _____ City: _____ State: _____

Zip code: _____ D.O.B: _____

Emergency Phone#: _____

Email: _____

DL or State ID Number: _____

I understand and acknowledge that: **1.** The activities are physically and mentally intense and may require extreme exertion to play and the possibility of injury to myself and others does exist. The acknowledged risks of physical injury include, but are not limited to, risk of bruises, abrasions, contusions, sprains, fractures, serious eye injury or even death. I realize that to reduce the risk of injury, I should properly use safety gear including, but not limited to, goggles, mouth-guards, and face protection (i.e. balaclava / shemagh). I fully assume the risks of injury inherent in engaging in these activities. **2.** The activities can be dangerous and are to be played in accordance with the stated rules, which will be given at the site of the activities. I certify that I fully understand the stated rules of the activity and will abide by them. I confirm and agree that: **1.** I am physically and mentally able to be fully involved in these activities and will comply with all rules, regulations and the full and complete use of all equipment so as not to injure or hurt myself or other participants. **2.** In consideration, of being permitted to attend and/or participate in the activities, I hereby specifically release, discharge and hold harmless Oakland County Airsoft and all of its officers, employees, agents, affiliates, and members, without exception, from any and all liability, responsibility, damage or loss, whether known or unknown, existing or potential, that I or anyone else may claim, including but not limited to, personal injury, illness, mental distress or disability of any type, or death, or property damage, whether or not caused by my own negligence or the negligence of anyone else, and whether or not caused by the negligence of Oakland County Airsoft or any of its officers, employees, agents, affiliates, or members, during my attendance of and/or participation in the activities. I further agree to defend and indemnify Oakland County Airsoft, its officers, employees, agents, affiliates, and members against any and all claims, legal actions, suits, procedures, costs, expenses (including attorney's fees and expenses) damages and/or liabilities arising out of, connected with, or resulting from my playing/participating in the airsoft activities, including, without limitation, those resulting from

the manufacture, selection, delivery, possession, use or operation of all airsoft equipment. I furthermore fully understand and agree that this release and agreement to provide defense and indemnity as outlined above shall be binding upon my estate, my heirs, my representatives and assigns.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT, AND HAVE VOLUNTARILY AND FREELY SIGNED IT WITH THE INTENT THAT IT BE, AND UNDERSTANDING THAT IT IS, A LEGALLY BINDING CONTRACT. TO THE EXTENT THAT I HAVE ANY DOUBTS CONCERNING ANY ASPECT OF ITS CONTENTS OR THEIR MEANING, I WILL CONSULT AN ATTORNEY BEFORE SIGNING IT. THIS IS A RELEASE, READ BEFORE SIGNING

I am at least 18 years of age and have executed this Agreement on the day, month and year written below.

Applicant's Signature: _____

Date of Play: _____

PARENT OR LEGAL GAURDIAN COMPLETE THIS SECTION IF PLAYER IS UNDER 18 YEARS OLD:

If you are under 18, please have this Agreement guaranteed by having your parent or legal guardian sign below. AGREEMENT: My signature below indicates that I consent to the above minors participation in the above discussed activity and to the terms of all of the obligations this Agreement and have read and fully understand all of its terms.

Parent or Legal Guardian's Signature: _____

Parent or Legal Guardian's name (please print) _____

Relationship _____ Parent/LG Contact
Number: _____

Address _____

DL/State ID# _____

NOTE: IF YOU ARE UNDER THE AGE OF 14 YOU MUST HAVE YOUR PARENT OR LEGAL GUARDIAN

OCA Staff Only

SIGNATURE _____