

CZ AIRSOFT UNDER 18 WAIVER AND RELEASE OF LIABILITY READ CAREFULLY

Exp 12/31

In consumeration of ${\bf CZ}$ Airsoft, ${\bf LLC}$ furnishing privately owned land located at:

102 Sanford Dr., Fredericksburg VA 22405, to enable me to participate in Airsoft games, I agree as follows:

I fully understand and acknowledge that; (a) risks and dangers exist in my use of Airsoft equipment and my participation in Airsoft activities; (b) my participation in such activities and/or use of such equipment may result in my injury, or illness including but not limited to bodily injury, disease, sprains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death, or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the officers or agents of CZ Airsoft, LLC, the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature such as snakes or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence of other conduct of the officers and agents of CZ Airsoft, LLC.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify **CZ Airsoft, LLC**, agents, officers and property owners from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services which may arise out of my use of Airsoft equipment, facilities or my participation in Airsoft activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conducts by the agents or officers of **CZ Airsoft, LLC**, and its property owners.

CZ Airsoft, LLC reserves all photographic and video footage rights. By participation in CZ Airsoft events, I consent that my image may be captured in photographs and/or video footage and utilized exclusively by **CZ Airsoft, LLC**, with no compensation for its usage. Use of images or video outside of CZ is unauthorized without the expressed permission from **CZ Airsoft, LLC**.

GUARDIAN / PARENT MUST 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 your legal court-appointed guardian sign below.

NO EXCEPTIONS!

GUARANTOR'S AGREEMENT: My signature below indicates that I guarantee all of the obligations imposed upon the minor participant under this Agreement and have read and fully understand all of its items. In addition, I declare I too have read and understand CZ Airsoft's "Safety Rules", and mandatory Eye and Face Protection Systems.

SAFETY RULES: GUARDIAN/PARENT MUST ALSO INITIAL

- (1) Participants have read the recommended Rules and Eve/Face Protection Systems. Initial:
- (2) Participants have read and agree to abide the posted CZ's Field Safety Rules and Airsoft Player Conduct. Initial:

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 agreement. To the extent that I have any doubts concerning any aspect to its contents or their meaning, I will consult an attorney before signing it. THIS IS A RELEASE/HOLD HARMLESS AGREEMENT, READ BEFORE SIGNING:

I declare that I am at least 18 years of age, and have executed this Agreement on the day, month, and year written below. Further, by signing, I declare that I have read, understood, and agree to CZ Airsoft, LLC's "Field Safety Rules".

| Guardian/Parent's Name (Please print LEGIBLY in BLOCK LETTERS) |): |
|--|---|
| Guardian/Parent's signature: | Relationship to minor player(s): Birth date:/ |
| Address: | |
| Email: | |
| Minor's Name (Please print LEGIBLY in BLOCK LETTERS): | |
| Minor's Birth date: / Minor's Signature: | Date:/20 |
| CZ Staff Verified: Special N | Votes: |
| | |

| Additional minors to application if required | | | |
|---|---|------------|--|
| Minor's Name (Please print LEGIBLY in | BLOCK LETTERS): | | |
| Minor's Birth date: //_ | Minor's Signature: | Date: //20 | |
| | A | | |
| Minor's Name (Please print LEGIBLY in | Minor's Name (Please print LEGIBLY in BLOCK LETTERS): | | |
| Minor's Birth date: //_ | Minor's Signature: | Date://20 | |
| | | | |
| Minor's Name (Please print LEGIBLY in BLOCK LETTERS): | | | |
| Minor's Birth date: //_ | Minor's Signature: | Date://20 | |
| | | | |



CZ Airsoft Equipment Rental Agreement

I acknowledge receipt for the below listed rental equipment.

I further acknowledge full responsibility for the replacement of lost or damaged equipment listed below.

| Name | | |
|----------------|------|--|
| Phone No. | 7 82 | |
| Address | | |
| | 3 | |
| | | |

| Equipment Issued | | Date | Returned Staff Check | |
|------------------|---------------|-------------|-------------------------|--|
| Item | Serial Number | Rental Cost | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | 183 | | | |
| | | | | |
| | \ | | | |

| Total | Rental | Cost |
|-------|--------|------|
| | | |

| Signature of Receipt | |
|-----------------------------|--|
| _ | |



SAFETY RULES:

| Date: | Ex | ф | 12/31 |
|-------|----|---|-------|
|-------|----|---|-------|

CZ AIRSOFT STANDARD WAIVER AND RELEASE OF LIABILITY READ CAREFULLY

In consideration of **CZ Airsoft, LLC** furnishing privately owned land located at: 102 Sanford Dr., Fredericksburg VA 22405, to enable me to participate in Airsoft games, I agree as follows:

Email: _____

I fully understand and acknowledge that; (a) risks and dangers exist in my use of Airsoft equipment and my participation in Airsoft activities; (b) my participation in such activities and/or use of such equipment may result in my injury, or illness including but not limited to bodily injury, disease, sprains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death, or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the officers or agents of CZ Airsoft, LLC, the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature such as snakes or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence of other conduct of the officers and agents of CZ Airsoft, LLC.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify **CZ Airsoft, LLC**, agents, officers and property owners from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services which may arise out of my use of Airsoft equipment, facilities or my participation in Airsoft activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conducts by the agents or officers of **CZ Airsoft, LLC**, and its property owners.

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I hereby acknowledge that I will be abide by the CZ's recommended Rules and Eye/Face Protection Systems. Initial:

| hat it is, a legally binding agr onsult an attorney before sig | reement. To the extent that I have any doubts concerning it. THIS IS A RELEASE/HOLD HARMLESS A | |
|---|--|----------|
| have read, understood, and | agree to CZ Airsoft, LLC's "Field Safety Rules". | |
| Applicant's signature: | Birth date: | / |
| Applicant's Name (Please prin | t LEGIBLY in BLOCK LETTERS): | |
| Address: | | |
| | | |
| | Contact Name and Phone Number: | |
| | - V | Phone #: |
| CZ Staff Verified: | | |
| | | |
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CZ Airsoft Equipment Rental Agreement

I acknowledge receipt for the below listed rental equipment.
I further acknowledge full responsibility for the replacement of lost or damaged equipment listed below.

| Name | |
|---------|--------|
| Phone # | |
| Address | |
| | /A A . |
| | |

| Equipment Issued | | Date | Returned Staff Check | |
|------------------|---------------|-------------|-------------------------|--|
| Item | Serial Number | Rental Cost | | |
| | | | | |
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| | 17 | | | |
| | 1 1 1 1 1 | | | |
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| Signature of Receipt | |
|----------------------|--|
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Total Rental Cost