

# ALL ACTIVITY WAIVER AND RELEASE OF LIABILITY

By signing this waiver, I agree to **RELEASE** Camp Dakota Paintball LLC., Camp Dakota LLC., Camp Dakota Tree Adventures, its members, officer, employees, staff, volunteers, and other participants of all responsibility for **injuries or death** incurred as a result of my participation in the high risk and high adventure activities at Camp Dakota. **I agree and understand that the Paintball, Zip Lines, & the High Ropes Challenge Course activities can be dangerous and I assume the risks myself.** I understand that this includes, but is not limited to the following risks and dangers: **DEATH, BODILY INJURY, TOTAL OR PARTIAL PARALYSIS, EYE INJURY, BLINDNESS, HEAT STROKE, HEART ATTACK, DISMEMBERMENT, BROKEN BONES, SPRAINS, STRAINS, DISLOCATIONS, PERMANENT SCARS, EMOTIONAL DISTRESS, and DISFIGUREMENT.**

I understand that if I choose to participate in High Ropes Challenge Course or Zip Lines that there will be times when I will be responsible for my own safety and I will not be supervised at all times. I understand that I will be putting my personal safety at risk by participating in this high risk activity and I assume all of the risks myself.

I understand that if I participate in the Zip Line activity that I may at times be expected to lift my legs or suffer injury due to contact with stationary objects at a high rate of speed.

I understand if I choose to participate in the paintball activity or enter the paintball staging areas that I will put myself at risk of injury through the actions or negligence of myself, other participants, or staff of Camp Dakota. I further understand that paintball is an extreme sport that involves a high level of physical activity and subsequent risk of physical exhaustion, heart attack, heat stroke, etc. I understand that I alone will be responsible for injuries incurred as a result of this physically demanding and high risk activity.

I agree to release and hold harmless Camp Dakota Paintball LLC, Camp Dakota LLC, and Camp Dakota Tree Adventures LLC of all liability for all accidents including injuries that may arise as a result of the negligence of other participants or the staff of Camp Dakota. This includes wrongful death, bodily injury, loss of services, or injury or death as a result of negligence, equipment failure, accidents, or malfunctions. **THIS WAIVER DOES NOT EXPIRE AND IS A PERMANENT RELEASE OF LIABILITY FOR ALL ACTIVITIES AT CAMP DAKOTA.**

**THIS WAIVER ALSO SERVES AS A MINOR MEDICAL PERMISSION FORM.** The undersigned parent/guardian gives permission for Camp Dakota LLC to authorize emergency medical treatment as deemed necessary for the child named below while participation in paintball games.

**THIS WAIVER ALSO SERVES AS A RENTAL AGREEMENT.** The undersigned agrees to return all equipment issued in the same condition it was in when said equipment was issued, and will be financially responsible for missing or stolen items.

Print Name \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_

Name of emergency contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Signature of participant (Parent or guardian if participant is under the age of 18)

I HAVE READ AND AGREE TO ALL OF THE ABOVE

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