



# SPORT

# AIRSOFT

*Its like paintball on steroids!*

[www.sportairsoft.co.nz](http://www.sportairsoft.co.nz)

P.O.Box 22298 High Street, Christchurch 8142. info@sportairsoft.co.nz 021-756611

## **THIS IS A RELEASE OF LIABILITY – READ BEFORE SIGNING**

**IMPORTANT NOTE: This form must be read and signed before the participant is allowed to take part in any airsoft event or activity hosted or organised by Sport Airsoft Ltd.**

In the CONSIDERATION of being permitted to participate in ANY way in the sport and or activities of airsoft/softair with regards to ANY game or event hosted by or with the approval of Sport Airsoft Ltd. I acknowledge, appreciate and agree that:

1. Airsoft involves risks and I acknowledge that I enter/participate at my own risk. Such risks include the risk of catastrophic injury, paralysis, blindness and even death as well as other damages associated with use of off-road vehicles and airsoft equipment.
2. I agree to follow the instructions of all game marshals and/or designated safety officers.
3. I understand that it is compulsory to attend a pre-game safety briefing.
4. I hereby consent to receive medical treatment in the event of injury, accident and/or illness during the event.
5. I have advised a game marshal of Sport Airsoft Ltd. of any medical conditions that may require immediate medical attention or affect medical treatment and agree to abide by any special conditions applied therein.
6. I have advised a game marshal of Sport Airsoft Ltd. of any psychological conditions and/or criminal convictions that may impact on my ability or appropriateness to participate at a Sport Airsoft Ltd. event and agree to abide by any special conditions applied therein.
7. I will not hold the company, organisers, officers, officials and/or any person involved with the event liable for any loss or injury to my person or equipment.
8. I agree to take responsibility for my own actions and will not take legal proceedings (whether by myself, or by my executors, administrators, heirs, next of kin and/or successors) for any matter against the following person(s) or entities, Sport Airsoft Ltd. any group affiliated with Sport Airsoft Ltd., any person affiliated with Sport Airsoft Ltd., land managers and/or owners, event organisers, volunteers, all cities, towns, regions, districts, properties and/or other areas in which the event may be staged, and their (its) representatives, respective officers, directors, employees, independent contractors, agents and volunteers.
9. I realise I may be ejected from the event if I am not abiding by these rules.
10. I am over 18 years of age or I have the consent of my parent or guardian to participate and they understand what is involved.
11. I understand that I must wear safety gear as prescribed in the safety guidelines.
12. I understand that I am to follow the rules and regulations as laid out by Sport Airsoft Ltd. (*viewable on web site*)
13. I agree to abide by and follow the Arms Act 1983 and subsequent Acts, with relation to the use of airguns.
14. I grant permission for any photographs, movies or other medium taken at a Sport Airsoft Ltd. event to be used for promotional purposes. I agree to allow Sport Airsoft Ltd. to crop or treat the photograph at its discretion. I acknowledge that Sport Airsoft Ltd. may not use the image at this time but may do so at a later date. I also acknowledge that once posted on the world wide web that the image may be downloaded and altered by any web user.

**I understand and agree that this RELEASE OF LIABILITY AGREEMENT covers each and every airsoft activity or event sponsored or hosted by Sport Airsoft Ltd. in which I participate hereafter.**

**I have read this document and fully understand and comprehend it, I have asked any questions on areas of it and airsoft that I am unclear on. Upon signing I do so freely and voluntarily without any duress.**

Participants Signature: \_\_\_\_\_

Participants Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Under 18 Participant:**

Parent/Guardian Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Next of Kin:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Phone Numbers: \_\_\_\_\_

or \_\_\_\_\_