
INFORMATION SHEET/WHAT TO BRING TO CAMP

DEPOSITS/REFUNDS

The balance of each camper's fees and release forms are due by **March 1st**.

Before March 1, the camp will refund the initial deposit minus a \$50 processing fee. Before March 1, the camp refund of all money paid minus the \$250 deposit. On March 1, we will charge your method of payment on file for any balance due. After March 1st no refunds will be issued.

ACTIVITIES - All included in the camp tuition

Campers participate in team and individual sports, white-water rafting, paintball, a Braves game, and much more!

HEALTH

The camp has a health center on campus with a nurse on duty 24-hours a day. Three professionally staffed hospitals are available within five minutes of campus. We also have a NATA-approved athletic trainer and quality training facilities available during the daytime hours. In the rare case of a medical emergency, the nurse will call you - it is very important that we have an emergency phone number for you. Otherwise, you will not hear from us except for occasional administrative questions. **In this packet there is a 2-sided mandatory Health Form for you and your physician to complete. The form and a clear copy (front and back) of your insurance card, and camper's immunization record are due by March 1st.**

LAUNDRY SERVICE and PERSONAL HYGIENE

Campers are required to shower daily and have dirty clothes prepared for washing in mesh bags (which we provide) to be washed by the laundry service every other day at no extra charge. We provide freshly laundered camp t-shirts daily.

INSURANCE

McCallie Sports Camp supplies each camper with supplemental accidental medical insurance coverage. This coverage is designed to take care of remaining expenses if a family's primary insurance coverage does not cover all expenses. Your insurance is the primary coverage. Please let us know if you do not have health insurance.

DORM/TEAM ASSIGNMENTS/ROOMMATES

The boys live and spend most of their time with their team. They sleep in air-conditioned school dorm rooms, and their counselors are on the same floor. Due to highly organized age level activities and competition, campers are assigned to roommates/ teams/leagues and dorm floors according to age. There are 2 or 3 boys in a dorm room, 8-10 boys on a team, and 4-5 leagues, depending on the number of boys in a certain age group. We cannot accept team requests. However, we do try to honor all parent roommate requests. We notify parents via email of roommates/ leagues/teams on the Friday prior to the camp session.

USE OF PHONES/LETTERS/EMAIL/PHOTOS OF CAMP

CELL PHONES ARE NOT ALLOWED IN CAMP. You may email your camper daily; due to time constraints the campers will not have time to email back. Email may be sent to: campers@mccallie.org. Include the boy's name and team in the subject line. NO CARE PACKAGES ARE ALLOWED. Please use the Camp Mom Gift Bag service to send your camper any treats. We do try to post photos often during camp. The links to the CAMP PHOTO PAGE and the CAMP MOM GIFT BAG service are on our website: mccalliesportscamp.com.

HOMESICKNESS

Homesickness is sometimes a part of the camp experience. Please talk to your son before coming to camp to explain how homesickness can be a normal, natural feeling. Please do not tell him that he can call you and/or that you will pick him up if he is homesick. With the support of our counselors and staff who are trained to deal with this issue, 99% of the boys who suffer from homesickness work through it quickly. Resultantly, the campers become stronger and more self-assured young men because of the process.

TRAVEL

If your son will be flying to/from camp, please select the Chattanooga airport (CHA) and contact Nina Keane at (423) 493-5886 for additional arrangements.

MCCALLIE SPORTS CAMP



Hi Parents,

We are so glad you have chosen McCallie Sports Camp. Please review the camp check-in procedures:

Teams/Roommate lists will be emailed to you two or three days before your Sports Camp session starts.

Drop-off Location: McCallie Sports Camp | 500 Dodds Avenue | Chattanooga, TN 37404

REQUIRED Drop off times (By Age):

10 am - 10:30 am (9-10 year-olds)

11 am - 11:30 am (11-12 year-olds)

12 pm - 12:30 pm (13-14 year-olds)

Siblings and those families carpooling or flying in can drop off at the time of the younger age. Please try to stay within these parameters.

Directions: Enter the campus and park next to the McCallie "Lake". Escort your camper into the Sports and Activities Rotunda (SAC) with his medications, prepaid Visa card (suggested \$100,) and Camp Mom Gift Bag cash if ordered (optional \$75). Leave the luggage in the car.

ALL CAMPERS and parents must walk through 3 stations: Counselors, Nina, and Nurses.

Campers will then leave with the counselors and fellow campers to start their fun time at camp.

Parents will proceed to the dorms to drop-off luggage. Counselors will be on-hand to direct parents to the appropriate dorm and unload the vehicle for you. Please stay in your car. The counselors will set up your camper's room.

Contact your camper: Emails may be sent to campers@mccallie.org Be sure to include Camper Name and Team in the Subject Line. Campers love emails!!! We deliver messages daily during lunch time. Friends and relatives may email campers. There is also a Camp Photos tab on our website. Photos are posted daily starting on the first Thursday if not before. You may also send letters via postal mail (NO CARE PACKAGES). Camp Mom Gift Bags are delivered mid-session.

For all camp information, including what to bring, the Camp Mom "Gift Bag" ordering link, and the Camp Photos link, please visit our website: mccalliesportscamp.com.

500 Dodds Avenue | Chattanooga, TN 37404 | (423) 493-5886

mccalliesportscamp.com | camps@mccallie.org

WHAT TO BRING AND IMPORTANT INFORMATION

Toiletry Kit:

soap, shampoo, deodorant, toothbrush, toothpaste, lip balm, comb or hairbrush

Linens:

2 sets long twin bed sheets (or sleeping bag)
1 pillow with a pillowcase
1 blanket/bedspread (the dorm rooms are air conditioned and can get cold)
2 washcloths, 2 bath towels, 1 pool towel

Shoes:

1 pair basketball shoes
pair water shoes for rafting and playing in the river (can be old sneakers) 1 pair
running shoes
pair sandals/flip flops (optional but good for shower/pool)

Clothing:

6 pair underpants
6 pair socks
4 pair athletic shorts
1 pair quick dry swim trunks
4 t-shirts (no questionable subjects on shirts)
1 loose, long-sleeved/legged clothing for paintball
1 pair long pants or jeans (in case of cooler weather)
2 pair nice shorts and belt for our more formal meetings
1 pair sleepwear
1 warm-up jacket/windbreaker

Campers are required to shower daily and have dirty clothes prepared for washing in mesh bags (which we provide) to be washed by the laundry service every other day at no extra charge. We provide freshly laundered t-shirts daily. All items **must be labeled**; please do not send anything that you might not want your son to lose.

MCCALLIE SPORTS CAMP



Spending Money:

Campers can bring spending money on a prepaid debit/credit card for snacks/souvenirs at the Atlanta Braves Game or the McCallie Campus Store. Boys do not need cash at camp. Please mark the card in permanent ink with the camper's name.

Optional:

ball cap, swimming goggles, sunglasses, self-addressed stamped envelopes, and stationery. Campers are welcome to bring their personal athletic equipment: tennis racket, baseball glove, etc. Be sure to label everything.

We will provide sunscreen, water, and sports equipment when playing games.

Important Notes:

T-shirts advertising alcohol or tobacco products, or that are "crude and rude" are not allowed at McCallie School or in Summer Programs.

Please do not send: Any electronic devices including cell phones (If traveling by plane or bus they may turn in their electronic devices at check-in.) CELL PHONES ARE NOT PERMITTED AT CAMP.

Parents are not allowed in the dorms to help set up; our counselors will help assist the campers.

McCallie is not liable for any lost items and we do not ship any items home.

Email: Email your camper: campers@mccallie.org. Be sure to include Camper Name and Team in the Subject Line

Camp Photos: We will post photos online at photos.mccallie.org. (It takes a few days each session to begin process)

Roommate Request for MSC 2024

Your Camper's Name: _____

MSC Session: _____

Rising Grade (2024-25): _____ Age During Camp: _____

Height: _____ Weight: _____ T-Shirt Size: _____

of MSC Years Attended (not including this year): _____

Roommate Request (1): _____

Roommate Request (2): _____

We do have 2 and 3-boy rooms. If a 3-boy room is requested, all 3 families must submit the same requests.

Unfortunately, we do not have the ability to accept team requests. Usually boys who are roommates are on the same team.

Roommates are assigned 3 days before the session starts.



**McCallie Summer Boarding Camp Health Report (Page 1)
To be filled out by Parent/Guardian**

Camp: _____ Session: _____

Camper's Name: _____
Last Name First Name Preferred Name MI

Camper's Date of Birth: ____/____/____ Age During Camp: _____

INSURANCE INFORMATION

Policyholder: _____ Policyholder DOB: ____/____/____

Parent Name: _____ Home Number: (____) _____
Home Address: _____ Work Number: (____) _____
City State ZIP Cell Number: (____) _____

***Primary phone number where parent(s) can be reached during camp session:** _____
Emergency contact (other than parent) name and phone number(s): _____

Parent/Guardian, please list all medications that will be taken during camp (NOTE: physician will have to fill out the back of this form for ALL prescription medications taken during camp, i.e. ADD/ADHD medications, inhalers, Epi-Pen, etc. The Student Health Center has OTC medications.)

ALLERGIES: _____
(List any/all medications, food, insect bites, environmental, etc.)

Are there any emotional factors we should know about? _____

I/We hereby give The McCallie School permission to administer and/or secure medical care for my child as necessary. I/We understand that such care may include, but is not limited to, procedures for diagnosis, medical treatment, minor surgical treatment, emergency surgery, including anesthesia, dental/orthodontic surgery or procedures, etc. I/We agree to be responsible for all hospital, physician, medication, and other treatment costs incurred as a result of my child's participation in McCallie Sports camp. I/We acknowledge that even with coaching, use of equipment, and observance of rules, injuries remain a possibility. I/We hereby give The McCallie School Student Health Center permission to administer over-the-counter medications as deemed necessary for summer camp (i.e. for headaches, poison ivy, sunburn, etc.). Note: Aspirin is not stocked in the Student Health Center.

****Parent/Guardian:** _____ **Date:** _____
(Signature required)



McCallie Summer Boarding Camp Health Report (Page 2)
To be filled out by Physician

Camper's Name: _____
Last Name First Name MI

Height: _____ ft. _____ in. Weight: _____ Blood Pressure: _____ / _____ Pulse: _____

ALLERGIES: _____
(Medications, food, insect bites, environment, etc.)

List pertinent medical history, conditions, surgeries, serious injuries, broken bones, etc. _____

List any physical, medical, or emotional conditions that we need to be aware of, especially those that would hinder competition in athletics: _____

Date of Last Tetanus: _____

MEDICATIONS

Physician: List ALL medications that the camper will be taking while at camp and how to be given, i.e. "Adderall 10 mg po 1 AM/ 1 PM - PM dose prn". Please note if a medicine or a specific dosage is prn. (Please include any ADD/ADHD, antibiotics, inhalers, etc. - The Student Health Center has OTC medications). ***NOTE: ALL PRESCRIPTION medications will be kept in the McCallie Student Health Center.

Physician's Signature: _____ Date: _____

Address: _____

Physician's Phone #: (_____) _____ Fax #: (_____) _____

Scan and email this form to the McCallie Summer Camp Office at nkeane@mccallie.org.

McCallie Student Health Center Office: (423) 493-5640

500 Dodds Avenue | Chattanooga, TN 37404 | (423) 493-5886

mccalliesportscamp.com | camps@mccallie.org

GENERAL ACTIVITIES RELEASE FORM - Field Expedition Agreement

Listed below are the activities that campers may participate in while at McCallie Sports Camp. It may be that not all activities will be a part of all sessions of camp. Some activities are done at one session of camp but not necessarily at another session. Not all campers will participate in all activities as some of the activities fall in the category of an individual sports choice. Activities are subject to change and there may be some activities added to this list. The following list is made up of those on and off-campus activities that have been a part of McCallie Sports Camp in the past.

Team Sports

Football
Basketball
Baseball
Water Polo
Soccer
Volleyball
Flickerball
Floor Hockey

Excursion and Local Trips

Braves Game in Atlanta
Ocoee Rafting
Nantahala Rafting Paintball

Special Events

Gameroom
Free Swims
Camp Party
Putt-Putt
Movies
Devotionals
Quiet Time
Camp Awards

Individual Sports

Bowling
Golf
Pool
Track
Tennis
Frisbee
Swim Meet
Ping Pong
Wall Climbing
Foosball

I/We have read and acknowledge receipt of a copy of the Field Expedition Agreement in the above-referenced field expedition(s).

I/We, therefore, understand the potential risks of significant injury and the responsibilities of my child while participating in the field expeditions sponsored by The McCallie Summer Programs. I am also aware of my/our child's experience and capabilities and believe my child to be qualified to participate in the expedition(s).

I/We hereby grant my/our permission for my/our child to participate in the above-referenced field expedition(s). I/We specifically agree to all of the undertakings set forth in the preceding portions of this Agreement and specifically hereby release, discharge and agree to indemnify and hold harmless The McCallie School, its agents, servants, and employees from and against any and all claims, demands, losses, or damages on my/our child's account.

Camper's Name: _____

Rising Grade (2024-25): _____ **Camper's Current School:** _____

Parents' Name(s): _____

Parents' Signature(s): _____

Date: _____



BOTH the Camper and Parent/Guardian must initial and sign this form. See Concussion Information on our website: mccalliesportscamp.com.

Camper & Parent/Legal Guardian Concussion Statement

Must be signed and returned by all campers and their parents.

Camper Name: _____

Parent/Legal Guardian Name(s): _____

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion cannot be "seen". Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I/my child will need written permission from a health care provider* to return to play or practice after a concussion.	
	Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussions can cause serious and long-lasting problems and even death.	
	I have read the concussion symptoms on the Concussion Information sheet.	

*Health care provider means a Tennessee licensed medical doctor, osteopathic physician, or a clinical neuropsychologist with concussion training.

Signature of Camper

Date

Signature of Parent/Legal Guardian

Date

McCallie Summer Program Travel Arrangements

Fill out **only** if your camper is flying to/from camp. If you are flying with your child and would like for us to pick you up from the airport, please let us know. We are happy to bring you to camp and take you back to the airport.

Camper's name as it appears on the airline ticket: _____

Name of person (on your end) picking up your child at the airport, exactly as it appears on their driver's license: _____

Address (on license): _____

Telephone number of person listed above: _____

Most airlines are very strict with Unaccompanied Minor rules. If your child is traveling unaccompanied, the child will only be released by the airline to the person listed above.

An additional emergency contact (name & phone number) for the day of the flight:

AIRLINE CONFIRMATION CODE: _____

ARRIVAL

Date of Arrival: _____ Airline Name: _____

From: _____ to Chattanooga (CHA)

Flight #: _____ Time of Arrival: _____ (Eastern Time)

DEPARTURE

Date of Departure: _____ Airline Name: _____

From Chattanooga (CHA) to: _____

Flight #: _____ Time of Departure: _____ (Eastern Time)

- Please check here if your child is flying by himself (Unaccompanied Minor) and contact our office at (423) 493-5886 or nkeane@mccallie.org.
- Please check with your airline and send payment for the return trip luggage charges with your child.
- Please email a copy of the confirmation email that you received from your airline.

The Chattanooga Airport (CHA) is serviced by: Allegiant, American Eagle, Delta, and United Airlines.

If you are flying to Chattanooga by private plane, please call and let us know; we are happy to arrange free transportation to/from camp (423) 493-5886.

**ADVENTUROUS FAST RIVERS RAFTING COMPANY (AFRR)
RELEASE OF LIABILITY – READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in the Nantahala Riverside, Inc. dba Adventurous Fast Rivers Rafting program, its related events and activities, I, the participant, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Adventurous Fast Rivers Rafting immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Nantahala Riverside, Inc., their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, U.S. Forest Service, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I understand all equipment is my responsibility to return intact to AFRR staff and if retrieval of equipment or anyone in my party is required by AFRR staff a retrieval fee may be charged based on time and equipment required (\$25.00 minimum). Insurance is included against damaged equipment, not lost or stolen equipment. In the event any equipment gets lost or stolen; payment will be required for complete replacement. I authorize the use of all photos taken of myself or of our group for any type of promotional advertising.

(A) Once your life preserver is personally fitted to you before the trip begins, you MUST wear it with all buckles securely fastened at all time while on the river. (B) Wear proper shoes. Sandals without a strap around your heel, flip-flops, and slick sole shoes are not appropriate. You are more inclined to slip and fall or twist an ankle if you are wearing inappropriate footwear (or no shoes at all!). You need to wear a fairly sturdy, secure shoe with some tread to prevent from slipping. (C) Sit only in proper places on the craft as indicated in your safety instruction. NEVER DRAG crafts as this will cause wear and damage. (D) Do not participate in this whitewater trip if you are under the influence of alcohol or "drugs". They impair your judgment and coordination, thus jeopardizing your safety and the safety of others. AFRR prohibits harmful conduct or interference of any kind with safety and reserves the right to remove any individual from a trip, with no refund, if these policies are not followed.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OR RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Printed Name

Participant's Signature

Phone Number

Date Signed

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (under age 18 at time of signing)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law. I also understand and agree that my child is at least 60 pounds or at least 7 years of age.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Age of Minor

Weight of Minor

Date Signed

ADVENTUROUS FAST RIVERS RAFTING COMPANY (AFRR)

OUTDOOR ADVENTURES OF TENNESSEE (O.A.R.)

Read Carefully: Waiver and Release of Liability

In consideration of OUTDOOR ADVENTURES OF TENNESSEE furnishing services and/or equipment to enable me to participate in OUTDOOR ACTIVITIES, I agree as follows:

I fully understand and acknowledge that outdoor recreational activities have:

(A) Inherent risks, dangers and hazards and such exists in my use of (Circle) RAFTING, RAPPPELLING, CLIMBING, ROPES COURSE, TUBING, ALPINE TOWER, ADVENTURE RACES, PAINTBALL equipment and my participation in WHITEWATER RAFTING activities;

(B) My participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to, bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability;

(C) These risks and dangers may be caused by the negligence of the owners, employees, officers or agents of, but not limited to, OUTDOOR ADVENTURES OF TENNESSEE, the State of Tennessee, Ocoee River Outfitters Association, the Tennessee Valley Authority, the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, guide decision making, including that a guide may misjudge terrain, weather, trail or river route location, and water levels, risks or falling out or of drowning while in a raft, tube and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and

(D) By my participation in these activities and for 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 or other conduct of the owners, agents, officers, or employees of OUTDOOR ADVENTURES OF TENNESSEE, or by any other person.

I, on behalf of myself, my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify OUTDOOR ADVENTURES OF TENNESSEE, the State of Tennessee, Ocoee River Outfitters Association the Tennessee Valley Authority and their owners, agents, the United States of America, officers and employees representative and lenders from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of rafting equipment or my participation in WHITEWATER RAFTING, RAPPPELLING, CLIMBING, ROPES COURSE, TUBING, ALPINE TOWER or ADVENTURE RACE, PAINTBALL 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 conduct by the owners, agents, officers or employees or representative of OUTDOOR ADVENTURES OF TENNESSEE the State of Tennessee, Ocoee River Outfitters Association, the Tennessee Valley the United States of America I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE OUTDOOR ADVENTURES OF TENNESSEE the State of Tennessee, Ocoee River Outfitters Association, the Tennessee Valley Authority and the United States of America FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

(E) I understand that I may be photographed or videoed while participating in activities and give my permission for these photos and/or videos to be used for marketing and promotional purposes.

NAME OF PARTICIPANT DATE OF BIRTH DATE OF ACTIVITIES

SIGNATURE _____

SIGNATURE OF PARENT OR GUARDIAN(if less than 18 years old)

sign here _____

print here _____

ADDRESS OF PARTICIPANT

(Please Print) Name _____

Street _____

City/State/Zip _____

Age of Camper during camp _____

Insane Paintball, LLC Waiver

You must be 18 years of age or older to use this waiver. If under 18 you need a parent or legal guardian to fill it out for you.

This waiver must be completed and signed before the participant is allowed to take part in any paintball, Nerf (dart tag), and/or airsoft games.

Waiver and Release of Liability

If signing for a minor or minors, this is to certify that I, as parent or guardian with legal responsibility for the below named participant(s), do consent and agree not only to his/her/their release as fully explained below, but also to release and indemnify the released from any and all liabilities incident to his/her/their involvement in these programs for myself, my heirs, assigns and next of kin.

IN CONSIDERATION of being permitted to participate in any way in the sport and activities of paintball, airsoft, and/or Nerf games on the premises of Insane Paintball, LLC, I acknowledge, appreciate and agree that:

1. The risk of injury from the activity and weaponry involved in paintball, airsoft, and/or Nerf games is significant, including but not limited to the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist.
2. I knowingly and freely assume all such risks, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability above, and assume full responsibility for my participation, and:
3. I understand that the activities of paintball, airsoft, and/or Nerf are physically and mentally intense. I understand the rules of play and will comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official or employee as soon as practical and:
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS FROM LIABILITY, Insane Paintball, LLC, (the owners and lessors of premises used to conduct the paintball activities) their officers, officials, agents and / or employees, WHETHER CAUSED BY THE NEGLIGENCE OR THE RELEASEES OR OTHERWISE from any and all claims, actions, or losses for bodily injury, property damage, disease strains, wrongful death, loss of services or otherwise which may arise out of my use of paintball, airsoft, and/or Nerf equipment or my participation in paintball, airsoft, and/or Nerf 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 negligent acts or other conduct by the owners, agents, officers, or employees of Insane Paintball, LLC.
5. If the participant is of minor age, the undersigned parent or guardian hereby gives permission for Insane Paintball, LLC to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in paintball, airsoft, and/or Nerf games from this date on. Insane Paintball, LLC will not be held liable for any costs that arise due to medical treatment of the participant
6. I understand and agree that this Release of Liability Agreement covers each and every paintball, airsoft, and/or Nerf activity and event in which I participate hereafter.
7. I understand that I must follow the rules for Insane Paintball/Airsoft and understand that failure to follow the rules could result in expulsion from the facility, without a refund. Insane Paintball, LLC reserves the right to amend the rules at any time.
8. I understand that as a public facility pictures and/or video may be taken by Insane Paintball/Airsoft staff or others, and I grant them the right to publish, and re-publish photographic portraits or pictures of me in which I may be included, in whole or in part.
9. I understand that Insane Paintball, LLC will not sell or give away my e-mail address or customer information for any type of outside marketing, but the information provided may be used for internal marketing purposes that are related to Insane Paintball/Airsoft or IPA Tactical & Supply Co only.

Player Name _____ Date of Birth _____ Phone _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Signature (if under 18) _____ Date _____