

THIS IS A RELEASE OF LIABILITY REA NOTE: THIS FORM MUST BE READ AND SIGNIFICATION AND SIGNIFICATION OF THE PARTICIPANT'S NAME (Please Print)	GNED BEFORE THE PA BY PHANTOM FURY A		ART IN ANY
DATE OF BIRTH (mm/dd/yyyy)	THE RESERVE		
IN CONSIDERATION of being permitted to part PHANTOM FURY AIRSOFT , I acknowledge, 1. The risk of injury from the activity and weapon and death, and while particular protective equipm exist;	appreciate, and agree that: ary involved in airsoft is sig	gnificant, including the potential for permar	nent disability
exist; 2. I KNOWINGLY AND FREELY ASSUME AI NEGLIGENCE of those persons released from lia 3. I understand that the activities of airsoft are phyrules and regulations. If I observe any unusual or nearest official as soon as practical; and,	ability below, and assume fysically and mentally inten	full responsibility for my participation; and, se. I understand the rules of play and will c	, comply with all
4. I, for myself and on behalf of my heirs, assigns HARMLESS PHANTOM FURY AIRSOFT , the officials, agents and/or employees ("Releasees"), damage to person or property, WHETHER CAUS which is the result of gross negligence and/or wars 5. I understand and agree that this Release of Liab	te owners and lessors of pr WITH RESPECT TO AN SED BY THE NEGLIGEN nton misconduct.	emises used to conduct the airsoft activities Y AND ALL INJURY, DISABILITY, DEA ICE OF THE RELEASEES OR OTHERWI	s, their officers, ATH, or loss or ISE, except that
HOSTED BY PHANTOM FURY AIRSOFT in			
6. I hereby grant permission to PHANTOM FUR	RY AIRSOFT to use my pl		a for
advertising, trade, and any other lawful purposes.		E DIGIT A CIDEFINENT FULLY UNDERG	TAND ITTO
I HAVE READ THIS RELEASE OF LIABILITY TERMS, UNDERSTAND THAT I HAVE GIVE			
VOLUNTARILY WITHOUT ANY INDUCEME			
v	(800 A 60 L) S		
X	Date Signed	Phone #:	
Street Address		- 107 AN	
City, State, Zip Code			
Email		100	
EMERGENCY Contacts (names & phone numbers)	Printer and the second	-1	
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EOD DADTICIDANTS OF MINODITY ACE.	JUNDED ACE 10 AT T		
FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as parent/guardian with leg	gal responsibility for this p	participant, do consent and agree not only to	
of PHANTOM FURY AIRSOFT and all other Fincident to his/her involvement in these programs			d all liabilities
metable to migrate involvement in these programs	Tor mysen, my nens, assig	one, and near or kin.	
PARENT / GUARDIAN NAME (Please Print)	EME	ERGENCY Contact Number(s)	
X		<u> </u>	
PARENT/GUARDIAN'S SIGNATURE	Date	Signed:	