

**Walls Enterprises of Central Florida, Inc.,  
 DBA Combat Zone Paintball & DBA Brevard Extreme Sports Complex  
 555 Fortenberry Rd. Merritt Island, FL 32952 Tel. 321-454-2374**

**WAIVER & RELEASE OF LIABILITY**

In consideration of **Walls Enterprises of Central Florida, Inc.** furnishing services and/or equipment to able me to participate in Paintball combat, Skateboarding, Scooter riding or BMX bicycling, each being an extreme action sport, I agree as follows: I fully understand and acknowledge that; (a) risks and dangers may exist in my use of equipment and structures and my participation in fitness and action sports 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, bone fractures, disease strains, partial and/or total paralysis, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by negligence of the owners, employees, officers or agents of **Walls Enterprises of Central Florida**; the negligence of the participant, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable casuals and; (d) by my participation in these activities and or use of equipment and structures, **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, employess of "Combat Zone Paintball", "Walls Enterprises of Central Florida, Inc" or by any other persons in addition to include "IPCO Corporation" and "Brevard Extreme Sports Complex".**

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and idemnify **Combat Zone Paintball, Walls Enterprises, IPCO and Brevard Extreme Sports Complex** and it's owners, agents, officers and employess 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 participation in the afore stated activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of **Combat Zone Paintball, Walls Enterprises, IPCO and Brevard Extreme Sports Complex**. I also agree that any pictures or video taken of me while on the property becomes the personal property of the corporations and can be used to promote the companies and any event sponsors and I also agree that providing my personal email address I allow the agents of this activity to contact me by email with offers or promotions.

IN SIGNING I ACKNOWLEDGE THAT I HAVE READ THE ABOVE **WAIVER AND RELEASE** AND I AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE **COMBAT ZONE PAINTBALL, WALLS ENTERPRISES, IPCO AND BREVARD EXTREME SPORTS COMPLEX** FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

**(\*ALL INFORMATION BELOW MUST BE FILLED OUT BY PARTICIPANT)**

\* \_\_\_\_\_ \*      \*      \*      \*  
 Participant : Print First & Last Name      Age      Date of Birth      Emergency Phone #

\* \_\_\_\_\_ \*      \*      \*  
 Participant Signature      Date      Participants Email

\* \_\_\_\_\_ \*      \*      \*  
 Participants Street Address      City & State      Zip Code

I, THE UNDERSIGNED RECOGNIZING THE RISKS AND DANGERS UNDERSTAND THE NATURE OF THE ACTIVITY AND VOLUNTARILY CHOOSE FOR MINOR TO PARTICIPATE IN AND EXPRESSLY ASSUME ALL RISKS AND DANGERS OF MINORS PARTICIPATION IN THE ACTIVITY ON "**WALLS ENTERPRISES OF CENTRAL FLORIDA**" PROPERTY WHETHER OR NOT DESCRIBED IN THIS AGREEMENT, KNOWN OR UNKNOWN, INHERENT, OR OTHERWISE AND HEREBY ACKNOWLEDGE THAT MINOR IS RESPONSIBLE FOR UNREASONABLE RISK WHILE PARTICIPATING IN SAID ACTIVITY.

\* \_\_\_\_\_ \*      \*      \*  
 Parent (Legal Guardian): Print First & Last Name      Parent (Legal Guardian) Drivers License #      State

\* \_\_\_\_\_ \*      \*      \*  
 Parent (Legal Guardian) Signature      Date      Phone Number

Employee Name \_\_\_\_\_ Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Witness / I have viewed the above participants identification for age verification)