

**ACKNOWLEDGEMENT OF DANGER AND WAIVER OF RIGHTS**

I am able to read and understand English. I understand and agree that all of the activities in this Park are, by their nature, inherently dangerous and that I could be seriously injured or die if I participate in any such activities. I have read and understood the attached Safety Rules and Conditions of Participation and agree to abide by such rules and conditions.

I understand that any incident or injury that may occur at CPX Sports must be reported immediately to a member of management and that reporting an incident in no way implies any responsibility or liability on the part of CPX Sports for said incident. I hereby assume the risk of my being injured or killed while participating in Park activities and specifically waive on my behalf and on behalf of my estate, heirs, and assigns any and all rights and/or causes of action I may have against Xtreme Sports Inc. or its officers, directors, shareholders, agents, representatives, servants, employees, judges, owners or partners in the event of my injury or death as a result of my participation in any of the Park games, activities, or events.

I understand that I am fully liable and financially responsible for the Medical Assistance needed as a result of participating in CPX Sports activities and for equipment issued/rented to me. I also understand that I am financially responsible to CPX Sports for the (loss/damage) of any such issued/rented equipment and may be prosecuted under statute 720 ILCS 5/16-1.1, or damage to structures or property of CPX Sports. I also understand that only paintballs purchased from CPX Sports are allowed for use in the park. CPX Sports is not responsible for lost, stolen, or damaged personal equipment or property.

I understand that CPX Sports reserves the right to search any personal property I bring into the park. I also grant CPX Sports right to use my likeness in any form for promotional purposes.

**MINORS MUST HAVE AN UNDERAGE WAIVER OF LIABILITY SIGNED BY A PARENT/GUARDIAN**

**I HEREBY BY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ABOVE WAIVER OF RIGHTS**

1. PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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