



2525 N. SHADELAND AVE.  
INDIANAPOLIS, IN 46219  
(317) 353-1987  
FAX (317) 353-1982

SUBJECT: AGE REQUIREMENTS

THE FOLLOWING ARE THE AGE PARAMETER REQUIREMENTS SET BY INSURANCE CARRIERS TO PARTICIPATE AT DARK ARMIES.

YOU MUST BE AT LEAST EIGHTEEN YEARS OF AGE TO SIGN THE LIABILITY RELEASES, INDEMNIFICATION & AGREEMENT FORM, MINORS (UNDER 18) MAY PARTICIPATE UNDER THE FOLLOWING CONDITIONS:

- \* TEN YEAR OLDS TO SEVENTEEN YEAR OLDS MUST HAVE A **DARK ARMIES** PARENTAL RELEASE FORM CORRECTLY FILLED OUT AND SIGNED.

**NO ONE UNDER THE AGE OF TEN MAY PARTICIPATE AT ANYTIME.**

**THIS RELEASE FORM CAN BE FILLED OUT ONE OF TWO WAYS:**

- 1) **THE PARENT OR LEGAL GUARDIAN MUST PHYSICALLY COME TO THE DARK ARMIES FACILITY AND SIGN THE PARENT/GUARDIAN RELEASE FORM IN FRONT OF ONE OF THE EMPLOYEES OF DARK ARMIES.**
- 2) **THE PARENT/GUARDIAN RELEASE FORM CAN BE DISTRIBUTED AND SIGNED AWAY FROM THE FACILITY BUT THE PARENT/GUARDIAN SIGNATURE MUST BE WITNESSED BY A COMMISSIONED NOTARY.**

THIS IS THE ONLY WAY IN THAT A MINOR CAN PARTICIPATE. NO DEVIATION CAN BE TOLERATED. (**PROOF OF AGE IS REQUIRED!**)

NOTE: ONCE A MINOR HAS MET THE REQUIREMENTS, THE PARENT/GUARDIAN RELEASE FORM WILL BE KEPT ON FILE AND WILL SERVE AS THE VALID RELEASE FORM FOR PARTICIPATION UNTIL THE MINOR BECOMES LEGAL AGE (18).



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REMINDERS FOR ALL PLAYERS

- YOU MUST ARRIVE 30 MINUTES PRIOR TO YOUR GAME TIME
- IF YOU INTEND TO BRING A PAINTBALL GUN WITH YOU, YOU MUST ARRIVE 45 MINUTES PRIOR TO GAME TIME OR GUN WILL BE DENIED
- ALL PLAYERS MUST TURN IN I.D. OR COLLATERAL TO PARTICIPATE
- NO CARRY-ON PAINTBALLS

LIABILITY RELEASE, INDEMNIFICATION & PARENTAL RELEASE AGREEMENT

PLEASE PRINT ALL INFORMATION!

NAME OF MINOR \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_ AGE: \_\_\_\_\_

NAME OF PARENT OR GUARDIAN: \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

1. CONSIDERATION:

We, the undersigned, want the above-named minor to participate in paint ball activities and its related activities and sign this application as consideration for said minor being given the opportunity to participate.

2. RELEASE:

We, hereby waive, vacate, release and forever discharge all sponsors, organizers, property owners, proprietors, and all their superiors, and all their officers, managers, supervisors, employees, and agents and all other connected to the paint ball activities including, but not limited to DARK ARMIES INCORPORATED, from any and all damages, risks, hazards, personal injuries, claims and liabilities whatsoever without limitation, that the above-named minor may encounter and have as a participant incidental or in any way connected with, or arising from, the above-named minor's participation in such activities including, but not limited to, those resulting from the manufacture, selection, delivery, possession, use, condition, or operation of all involved equipment, grounds, co-participants, and others involved. We understand that this release shall be binding upon the above-named minor's estate, heirs, representatives, executors, administrators, and assigns.

3. OUR REPRESENTATIONS:

We represent that the above-named minor is in excellent health and does not suffer from and physical or mental ailments or conditions. The above-named minor agrees to comply with all rules of the game and to use equipment and the premises in a manner which will not cause injury or damage to the above-named minor or others involved in or watching the game. We represent that the other signing herein is the minor's parent or guardian and is authorized to sign on behalf of the above-named minor and injuries that the above-named minor may sustain or cause to others. We represent that the above-named minor is at least ten years of age. We further understand that ten is the minimum age requirement in which to participate in any session. We further represent that the above named minor meets these age requirements.

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4. ASSUMPTION OF RISKS:

We are aware of risks of injury, danger, and physical exertion that may cause injury to the above-named minor or others playing the game. We hereby voluntarily, clearly and unequivocally agree to assume those risks known or unknown to us with the realization that the above-named minor has the alternative of choosing not to participate in these activities. Nevertheless, the above-named minor hereby elects to participate as his-her own free act and deed.

**5. PARENTAL INDEMNIFICATION:**

I, as the parent or guardian named above, agree to absolve, hold harmless and indemnify those released herein from all liability and claims for damage including personal injury to the above-named minor or injuries caused by the above-named minor or injuries caused by the above-named minor. I, as the parent or guardian, further covenant for myself, the minor and the minor's heirs and estate not to sue those released herein for any injuries or damages the above-named minor receives except for injuries or damages intentionally caused to the above-named minor by those released herein.

**6. AGREEMENT READ AND UNDERSTOOD BY PARTICIPANT:**

I have read and understood the foregoing provisions of this agreement and hereby agree to all of the terms and conditions contained herein. I intend to be fully bound by this agreement.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

**7. AGREEMENT READ AND UNDERSTOOD BY PARENT OR GUARDIAN:**

I have read and understood the foregoing provisions of this agreement and hereby agree to all of the terms and conditions contained herein. I intend to be fully bound by this agreement.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

THIS FORM IS 3 PAGES  
PLEASE BE SURE YOU HAVE RECEIVED AND READ ALL THREE PAGES

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

**THIS SIGNATURE MUST BE  
WITNESSED BY A DARK  
ARMIES REPRESENTATIVE OR  
NOTARIZED.  
THIS RULE MUST BE  
FOLLOWED OR ACCESS WILL  
BE DENIED!!**

\_\_\_\_\_  
DARK ARMIES EMPLOYEE WITNESSING PARENT/GUARDIAN SIGNATURE

\_\_\_\_ \ \_\_\_\_ \ \_\_\_\_ DATE