

**GULF COAST
AIRSOFT, LLC
MINOR CHILD CONSENT AND RELEASE FROM LIABILITY**

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY AIRSOFT ACTIVITY SPONSORED OR HOSTED BY GULF COAST AIRSOFT, LLC, AT ANY LOCATION IN THE STATE OF FLORIDA.

PARTICIPANT'S NAME: _____

PARTICIPANT'S DATE OF BIRTH: _____

I know of, and acknowledge that my child/ward knows of, the risks involved in airsoft activities, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in such activities. With full understanding of the risks involved, I release and hold harmless Gulf Coast Airsoft, LLC, its employees, agents and officers, of any and all responsibility and liability for any injury or claim resulting from such airsoft activities and agree to take no legal action against Gulf Coast Airsoft, LLC, its employees, agents and officers because of any injury, accident or mishap arising out of such activities WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF GULF COAST AIRSOFT, LLC, ITS EMPLOYEES, AGENTS AND OFFICERS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM GULF COAST AIRSOFT, LLC, ITS EMPLOYEES, AGENTS AND OFFICERS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND GULF COAST AIRSOFT, LLC, HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to Gulf Coast Airsoft, LLC. By doing so, however, I understand that my child/ward will no longer be eligible for participation in airsoft activities at Gulf Coast Airsoft, LLC.

I understand that the authorizations and rights granted herein, to the extent they have not been revoked pursuant to the previous paragraph, are valid through the end of the calendar year in which this form is signed. The authorizations and rights granted herein may be extended for additional calendar years by signing and dating this form during calendar years subsequent to the original signing and dating.

I HAVE READ THIS FORM CAREFULLY AND KNOW IT CONTAINS A RELEASE.

_____/_____/_____
Name of Parent/Guardian (printed) Signature of Parent/Guardian Date

_____/_____/_____
Name of Minor (printed) Signature of Minor Date

Email address

Emergency Contact Phone Number