

**Pinion Flats Camp, Zip Line, Paintball Area, and Any other Activities At Our Campground
17921 Rd. 25 Dolores, Colorado 81323**

This is an agreement between "you" (the participant, and your heirs, executors, personal representatives, successors, spouse, and assigns) and "us" (Frontier Contracting Inc., its owners, officers, employees, agents, and volunteers, as well as any builders, manufacturers, sellers, or landlords of the facilities or equipment). You wish to participate in our ZipLine, Paintball games now and in the future. You agree that whenever you are at our paintball facility:

Waiver and Release of Liability AGREEMENT

Risks of Participation. You understand that participation involves physical activity that could result in serious injury, blindness, or death. Some of these risks of injury include physical contact with other players, contact with the course's objects, heat stroke, tripping, or injuries from being shot by paintballs. You will assume all risks of injury.

Waiver. You release and discharge us from any liability for losses which may arise out of your participation at our paintball facility caused by our negligence or any other cause. You have health insurance with and you understand that they are responsible if you are injured and require medical treatment.

Medical and Physical Problems. You will inform the staff if you are not fully qualified to participate safely for any reason.

Indemnity Agreement. You will indemnify, hold harmless, and defend us from any claims or suits made by anyone arising out of your activity at our paintball facility, including all expenses and attorney fees thereby incurred by us.

Code of Conduct. You will play at our ZipLine, paintball facility according to the posted rules or instructions given to you by any staff member. You will always wear your mask when in the playing zone. You accept full responsibility for any damage you cause to our equipment or property. You will report any injury you sustain before leaving our property.

You have read and understand this agreement and waiver. If you are under 18 years old, you have discussed the contents of this document with your parent or legal guardian and they have signed the bottom of this form and have permission to participate in this activity.

Rental of Equipment from Frontier Contracting Does Not prove or imply that Frontier Contracting is Liable for Damages!

I AM SOLELY RESPONSIBLE FOR THE EQUIPMENT RENTED TO ME. I agree that any equipment lost, broken, stolen or damaged in any other way or manner at any time, while signed out, rented or loaned to me, for or in my name will be immediately paid for in cash or with a credit card at full replacement cost, as soon as the item is lost, stolen, broken or damaged.

MINORS (UNDER 18) MUST HAVE BE SIGNED FOR BY THERE PARENT/GUARDIAN

I HEREBY BY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ABOVE WAIVER AND RELEASE OF LIABILITY AGREEMENT

1. PRINT NAME: _____ SIGNATURE: _____
 ADDRESS: _____ CITY: _____
 STATE: _____ ZIP CODE: _____ AGE: _____ DATE OF BIRTH: _____
 PARENT/
 GUARDIAN _____ SIGNATURE: _____ RELATIONSHIP: _____

I HEREBY BY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ABOVE WAIVER AND RELEASE OF LIABILITY AGREEMENT

2. PRINT NAME: _____ SIGNATURE: _____
 ADDRESS: _____ CITY: _____
 STATE: _____ ZIP CODE: _____ AGE: _____ DATE OF BIRTH: _____
 PARENT/
 GUARDIAN _____ SIGNATURE: _____ RELATIONSHIP: _____

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 ADDRESS: _____ CITY: _____
 STATE: _____ ZIP CODE: _____ AGE: _____ DATE OF BIRTH: _____
 PARENT/
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4. PRINT NAME: _____ SIGNATURE: _____
 ADDRESS: _____ CITY: _____
 STATE: _____ ZIP CODE: _____ AGE: _____ DATE OF BIRTH: _____
 PARENT/
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5. PRINT NAME: _____ SIGNATURE: _____
 ADDRESS: _____ CITY: _____
 STATE: _____ ZIP CODE: _____ AGE: _____ DATE OF BIRTH: _____
 PARENT/
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 ADDRESS: _____ CITY: _____
 STATE: _____ ZIP CODE: _____ AGE: _____ DATE OF BIRTH: _____
 PARENT/
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 ADDRESS: _____ CITY: _____
 STATE: _____ ZIP CODE: _____ AGE: _____ DATE OF BIRTH: _____
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 ADDRESS: _____ CITY: _____
 STATE: _____ ZIP CODE: _____ AGE: _____ DATE OF BIRTH: _____
 PARENT/
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9. PRINT NAME: _____ SIGNATURE: _____
 ADDRESS: _____ CITY: _____
 STATE: _____ ZIP CODE: _____ AGE: _____ DATE OF BIRTH: _____
 PARENT/
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10. PRINT NAME: _____ SIGNATURE: _____
 ADDRESS: _____ CITY: _____
 STATE: _____ ZIP CODE: _____ AGE: _____ DATE OF BIRTH: _____
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