

YOU MUST BE 18 TO USE THIS WAIVER. IF UNDER 18 YOU NEED A PARENT TO FILL OUT THE WAIVER FOR YOU!

READ CAREFULLY

WAIVER AND RELEASE OF LIABILITY

This waiver is valid for one year from the date signed.

In consideration of Papa Docs Axe LLC (hereinafter referred to as Papa Docs) furnishing services and/or equipment to enable me, or the minor(s) I am signing for, to participate in Axe Throwing I agree as follows:

I fully understand and acknowledge that; (a) risks and dangers exist in my use of Axe Throwing equipment and my participation in Axe Throwing 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, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of Papa Docs; the negligence of the participants, 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 causes; and (d) by my participation in these activities and/or use of equipment, 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, employees of Papa Docs , or by any other person

I, ON BEHALF OF MYSELF, MY PERSONAL REPRESENTATIVES AND MY HEIRS, HEREBY VOLUNTARILY AGREE TO RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, DEFEND AND INDEMNIFY PAPA DOCS AND IT'S OWNERS, AGENTS, OFFICERS, AND EMPLOYEES 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 USE OF AXE THROWING EQUIPMENT OR MY PARTICIPATION IN AXE THROWING ACTIVITIES. I SPECIFICALLY UNDERSTAND THAT I AM RELEASING, DISCHARGING AND WAIVING ANY CLAIMS OR ACTIONS THAT I MAY HAVE PRESENTLY OR IN THE FUTURE FOR NEGLIGENT ACTS OR OTHER CONDUCT BY THE OWNERS, AGENTS, OFFICERS OR EMPLOYEES OF PAPA DOCS.

MEDICAL PERMISSION AUTHORIZATION

If the participant is of minority age, the undersigned parent or guardian hereby gives permission for Papa Docs to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in axe throwing games from this date on.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE PAPA DOCS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

I further agree that I have read, and will adhere to all Safety Rules for the Papa Docs Axe..

I understand that the violation of any of the safety rules outlined in the How to Have Fun while Throwing Axes, is grounds for immediate suspension of playing privileges without any refund.

I understand that as a public facility, pictures and or video may be taken by Papa Docs staff or others, and I grant them the right to publish, and re-publish video, photographic portraits or pictures of me in which I may be included, in whole or in part.