

**HIDDEN SPRING RANCH:
AIRSOFT LIABILITY 2017**

OWNER BUD & KIM HILLARD : 937-603-0229 4624 DAYTON ROAD, SPRINGFIELD OHIO 45502
The undersigned person has been given a personal invitation to enter on property owned by William M. "Bud" Hillard, located at 4624 Dayton Rd, Springfield Ohio. This invitation is accepted with the full understanding and agreement to the following conditions:

YOU MUST CHECK IN WITH HIDDEN SPRING RANCH REPRESENTATIVE BEFORE ENTERING PRIVATE OWNED PROPERTY OF BUD HILLARD

INITIAL EACH LINE AFTER READING

_____ (A) I understand there can be inherent danger of bodily injury, including death, disability, and property damage associated with the participation in Airsoft.

_____ (B) I understand use is for recreation only.

_____ (C) I agree to assume and release the landowner from any and all liability for personal injury, property damage, or for loss of Life or property resulting from, or in any way connected with my recreational use of this property.

_____ (D) No CAMPING unless authorization of Hidden Spring Ranch has been given

_____ (E) I understand and agree that the owner:

(1) owes no duty to a recreational user to keep the premises safe for entry or use.

(2) extends no assurance to a recreational user through the act of giving permission, that the premises are safe for entry or use.

(3) assumes no responsibility for or incurs liability for any injury to person or property caused by any act of a recreational user.

_____ (F) I certify that I have been advised to wear all necessary head, eye and body protection.

_____ (G) I agree to abide by the following rules:

(1) Keep my own trash picked up and pick up trash I see around.

(2) Do not cross any crop lands.

(3) Notify owner of any damage to fencing.

(4) Do not stray onto neighbor's property for any reason

(5) Keep speed under 15 mph when in your vehicle

_____ (H) **I UNDERSTAND THAT I MUST CHECK IN WITH HIDDEN SPRING RANCH EACH TIME I CHOSE TO ATTEND AND PLAY IN AN AIRSOFT EVENT**

DATE _____

PRINT NAME LEGIBLY _____

SIGNATURE _____

STREET ADDRESS: _____

CITY _____ STATE _____ ZIP _____