

# OMEGA STRYKE UNIT Agreement & Consent

Participant's Name: \_\_\_\_\_

\_\_\_\_\_  
(Print name of participant OR PARENT if participant is under the age of 18)

have read and fully understand these bylaws as presented to me as the rules and regulations for membership with the OMEGA STRYKE UNIT and by signing this document I am agreeing to all provisions contained herein and acknowledging receipt of my own copy. I the undersigned participant or parent, hereby consent to my (or my child), participating in the **OMEGA STRYKE UNIT**.

I certify that I (my child) is able to participate in these activities including but not limited to traveling out of state via rental vans, sleeping overnight, sightseeing, participating in woodsball paintball activities, eating meals, attending educational tactical classes, and all activities that normally apply to participating in the activity of paintball.

If I (my child) has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them on the third page of this form. In the event an emergency occurs, I may be reached at the telephone number listed on the back of this form.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES **PRELIMINARY AND SUBSEQUENT THERETO**.

I do hereby agree to hold OMEGA STRYKE UNIT and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Indiana and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between parties hereto and the terms of this release are contractual and not a mere recital.

## PHOTO / VIDEO & WEB SITE RELEASE

I grant to **OMEGA STRYKE UNIT**, its representatives the right to take photographs and video of the above listed participant and the participants property in connection with the above-identified subject. I authorize the **OMEGA STRYKE UNIT**, its assigns and transferees to copyright, use and publish the same in print and/or electronically. By signing below, the participant named (or his/her parent /guardian) give a nonexclusive license to the OMEGA STRYKE UNIT to use these photos worldwide in its publications in any medium and on its web sites in order to promote its organization.

I agree that the **OMEGA STRYKE UNIT** may use such photographs, video and reasonable personal information of the above listed participant with or without the participants name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT**. This is a legally binding agreement which I have read and understand.

## AT THIS TIME FILL OUT THE ADDITIONAL INFORMATION BEFORE SIGNING.

\_\_\_\_\_  
(Student's or Parents / Guardian's name **printed**)

[✓] \_\_\_\_\_  
(Student's or Parents / Guardian's name **signature**)

\_\_\_\_\_  
(Date)

**PARTICIPANT MEDICAL & EMERGENCY INFORMATION**

Parent / Guardian Name (if student is under the age of 18): \_\_\_\_\_

Parent / Guardian Email (if student is under the age of 18): \_\_\_\_\_

Parent / Guardian Mobile Phone: \_\_\_\_\_

Parent / Guardian Name (if student is under the age of 18): \_\_\_\_\_

Parent / Guardian Email (if student is under the age of 18): \_\_\_\_\_

Parent / Guardian Mobile Phone: \_\_\_\_\_

Participant's List of Allergies / Medical ailments with medications needed for treatment  
(Please Print):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Participant's Emergency Contact in Case Parent / Guardian cannot be reached  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Participant's Emergency Contact Phone #: (NOT parent/guardian): \_\_\_\_\_

Participant's Emergency Contact in Case Parent / Guardian cannot be reached  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Participant's Emergency Contact Phone #: (NOT parent/guardian): \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# **PARTICIPANT INFORMATION | OMEGA STRYKE UNIT APPLICATION**

Participants Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Grade (if in school) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Participants Email: \_\_\_\_\_  
(please print)

Participants Mobile Phone #: \_\_\_\_\_ Home #: \_\_\_\_\_

Participant's Home Address:  
Street: \_\_\_\_\_ Apt: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Participants Call-Sign Name: \_\_\_\_\_  
(Please note: Call-Sign names must be approved by the O.S.U. Officers)

Marker(s) [guns]: \_\_\_\_\_

(Please note: black or camo markers are recommended to play. No bright colored markers are allowed in O,S.U. Milsim paintball)

Biography: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you ever serve in any branch of the U.S. military? \_\_\_\_ Yes \_\_\_\_ No

What branch did you serve? \_\_\_\_\_ What rank did you hold? \_\_\_\_\_

How long did you serve? \_\_\_\_\_ What were your duties? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested, have a misdemeanor or a felony, or on probation or parole? \_\_\_\_ yes \_\_\_\_ no

If so, please explain the circumstances? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever played paintball before? \_\_\_\_ yes \_\_\_\_ no

How long or much have you played? \_\_\_\_\_

Why do you want to play paintball on the O.S.U. team? \_\_\_\_\_  
\_\_\_\_\_