



FIRST GAME "Greed"
MARCH 31 & April 1, 2012
Fort Knox Paintball Field
Playing on "Green-Side"
more information contact
shepherd@omegastrike.org



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PAINTBALL BIG GAME KICK-OFF

Calling all New Recruits and those who are just interested in joining the Omega Stryke Unit (OSU) MilSim Scenario Paintball Team. Our first meeting of year will be on the field at Fort Knox Paintball field playing "Greed." We are encouraging all who are interested in joining the Omega Stryke Unit to Pre-Register for this event by going to www.FortKnoxPaintball.com. You will need to register to play either on Saturday, March 31 or Sunday April 1st game, or both. We will have different leaders present each day. Please make sure when you pre-register that you sign-up to play on the "Green Side" and that you are play on the Omega Stryke Unit (make sure you spell "Stryke" correctly). Fort Knox is a bring your own paint field (no monster ball is allowed). OSU uniforms are not required at this event but we are encouraging all new recruits to wear any woodland camo if you have it! Also make sure you bring a lawn chair, food and drinks for yourself. If you have any questions please send them to our administrator Doug Van Der Weide (aka SHEPHERD) at shepherd@omegastrike.org

You will also find with this flyer the "Waiver Form for Fort Knox." Do NOT forget to bring it...without it you can NOT play! Also you will find the Omega Stryke Units "Agreement and Consent Form" fill this out only if you are wanting to join the O.S.U. paintball team (this form is NOT required to play at this game)

Who can join?

Anyone 6th grade or above (boys, girls, teens, men, women, adults), who shares our common goal and the love of MilSim Paintball is welcome. Those 6th- 8th grade **must** have a approved guardian present at each game. We strive to be a team that plays with character and integrity. We have **3 C's & 3 M's Rules** that all members must abide by that keep us in check. The **3C's = No Cussing, No Cheating, No Coveting** has built us into the team we are today. The **3M's** focus on = **The Mission, The Men** (in your squad) and **then Me**, make us a formidable team to be reckoned with. These rules are explained in more detail on our "Basic Training" page on our web site (www.OmegaStryke.org).

COST(s)?

Equipment: Marker, Mask, Tank, Barrel Blocker Required (costs vary). *

Ammo / Paint: Cost Varies (\$39-\$60 case of 2000 rds)*

Event Fees: Costs Will Vary (Average \$30 all day)*

Uniform cost: \$40 or less *

Patches: \$12.50 *

Coms: \$20-\$40

Dues: ALL dues for New Members and Reups have been WAIVED (FREE) for 2012

* Team Members are required to purchase themselves.

Who We Are?

The **OMEGA STRYKE UNIT** is a team of highly motivated Military-Simulation Scenario Paintball Players from Northwest Indiana & Chicago with a common goal to help shape the sport of scenario paintball while improving our team's tactical capabilities. There are many different styles of paintball. Among the most engaging is that of MilSim paintball. Standing for military simulation, MilSim paintball is slightly different from a standard paintball match because it involves a much more engaged, organized approach to the sport. Military simulation paintball often involves reenacting actual battles from throughout history called scenarios. This is the type of paintball that the OSU engages in. Whether you are veteran military, law-enforcement or just the average "joe" on the street the O.S.U. is the team to be on for MilSim Paintball! This is a great opportunity for parents to play a sport with their children (and become children again themselves). We do recommend that you read as much as you can about our team and this sport on our website (www.OmegaStryke.org) before the March/April Big Game, as many of the questions you may have will be answered on the site.

NATIONAL SPORTS ENTERTAINMENT & RECREATION ASSOCIATION

Industry Insurance Programs □ www.nsera.com/paintball

Fort Knox Paintball Inc. = FKP Phone: (574) 946-4988

READ CAREFULLY

WAIVER AND RELEASE OF LIABILITY

In consideration of **FKP** furnishing services and/or equipment to enable me to participate in paintball games, I agree as follows:

I fully understand and acknowledge that; (a) risks and dangers exist in my use of Paintball equipment and my participation in Paintball 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 **FKP**; 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 **FKP**, 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 **FKP** 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 Paintball equipment or my participation in Paintball 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 the negligent acts or other conduct by the owners, agents, officers or employees of **FKP**. This waiver is good through **3/1/2012**.

MEDICAL PERMISSION AUTHORIZATION

If the participant is of minority age, the undersigned parent or guardian hereby gives permission for **FKP** to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in paintball games.

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

_____	_____	_____	_____
Print Name	Age	Date of Birth	Phone
_____	_____	_____	_____
Signature	Address	City, State Zip	
_____	_____	_____	
Signature of Parent/Guardian (if less than 18 years old)	E-mail		
Date: _____	_____		

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? _____