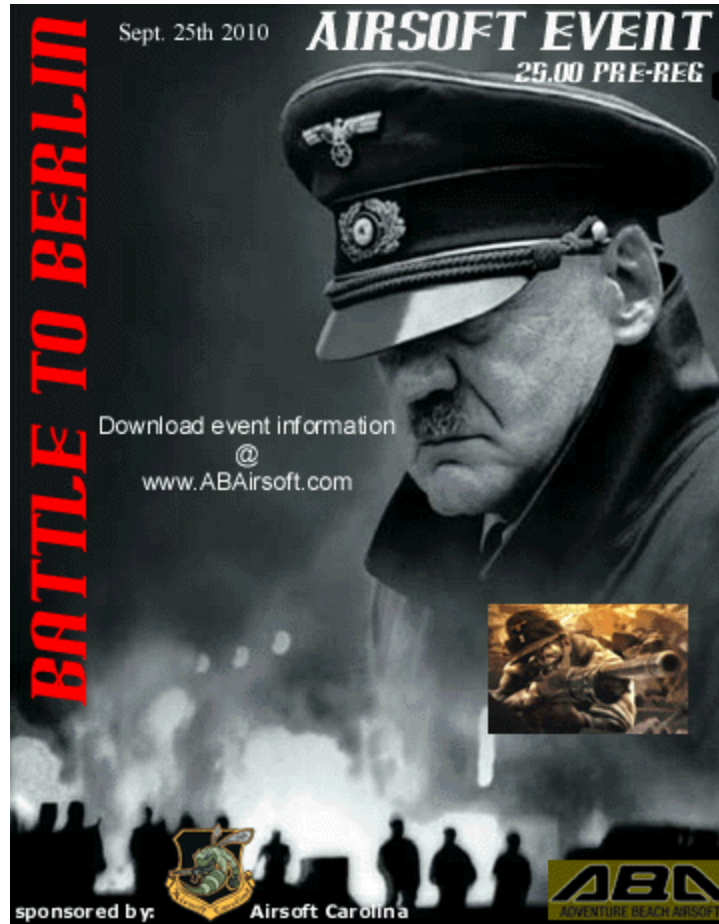


ABP Presents



September 25th 2010

Pre Registration \$25.00 ends September 22nd
Early Register online at www.abpaintball.com

See event details at www.ABAirsoft.com

Embark on the historic battle of the American allies' assault on Berlin.



GAME DAY Registration: 35.00 will receive a player package & raffle ticket for the drawing at Registration.

PRE GAME Registration: \$25.00

Due By Midnight Wednesday September 22nd will receive a player package raffle ticket for the drawing at Registration.

Register online at <http://www.adventurebeachscenariopaintball.com/store>

FRIDAY, Sept 24th

The field will be open on Friday from 9:00am until 8:00pm for early check in.

LODGING INFORMATION:

Camping is available with plenty of space at the field.

TEAMS and Groups Reservation Company

www.myrtlebeachtours.com

Call 877-500-6569

Super 8 in North Myrtle Beach

843-249-7339

Comfort Inn in North Myrtle Beach

843-249-2490

Quality Inn in North Myrtle Beach

843-272-6153

SATURDAY, Aug 28th

7:00am Registration & Chronograph Opens

8:30am Mandatory Safety Briefing

10:00am Game On!

1:00pm Lunch Break (Purchase Lunch Online or day of the game)

2:00pm Game Resumes

5:00 pm Game Over

6:15pm Winners announced and prizes awarded

Stay over Sunday and Play for Free.....

Website: <http://www.abpaintball.com>

Field Address: 305 Lays Lake Dr. Tabor City, NC 28463

Paintball Game Registration Form

FAX ORDER FORM FAX to: 843-399-2715 ext. 21 or Call 843-222-9081 Cell Phone

Event Date: August, 28th 2010

Please complete the follow form and fax in with your wavier

Wavier can be found at: <http://www.abpaintball.com/pdf/paintwaiver.pdf>

Wavier or Waivers: Must accompany Pre Registration Fax in order.

First Name: _____ Last Name: _____

Email Address: _____

Address: _____

City: _____ HOME PHONE : _____

State: _____ CELL PHONE: _____

Zip Code: _____ FAX PHONE: _____

Credit Card Information: Visa _____ MasterCard _____ Expiration Date: _____

Name on Card _____

Card Number: _____

Verification Number _____ 3 digit # on back of card Visa & MC

Verification Number _____ 4 digit # on front of card American Express Credit Card

Billing Zip Code: _____ Credit Card Billing Address: if different than above

Address: _____

City: _____ CC BILLING PHONE # : _____

State: _____ Zip Code: _____

Team Name: _____ HOW MANY PLAYERS: _____

Which Side do you prefer to play on? _____

Wavier or Waivers: Must accompany Pre Registration Fax in order.

Items:

Game registration: QTY _____ 25.00 Pre Registration 35.00 at Game (Pre. Reg. ends Sept 22th)

Total Amount: _____ Charged to Credit Card or Cash at Event.

Signature: _____ Date: _____

[Http://www.abpaintball.com](http://www.abpaintball.com)

RETURN FAX to: 843-399-2715 ext 21

Any question please email. info@abpaintball.com

Recreational Activity Release of Liability, Waiver of Claims, Express Assumption Of Risk and Indemnity Agreement Adventure Beach Paintball

Express Assumption of Risk Associated with Recreational Activities.

I, _____ hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with the recreational activity generally described as **Paintball/Airsoft/Laser Tag**, including the rental of equipment and transportation associated therewith of which I am about to engage in. Inherent hazards and risks include but are not limited to:

1. Risk of injury from the activity and equipment utilized is significant including the potential for permanent disability and death.
2. Possible equipment failure and/or malfunction of my own or other's equipment.
3. This activity takes place outdoors and therefore includes risks associated with exposure to elements, excessive heat, hypothermia, impact of the body upon the water, injection of water into my body orifices, encountering objects either natural or man-made, exposure to animals with the attendant risks of kicking, biting, shying away, running off or otherwise moving in an unanticipated manner causing injury and/or death.
4. My own negligence and/or the negligence of others, including but not limited to operator error and guide decision making including misjudging terrain, rapids, weather, trails, and route location.
5. Attack by or encounter with insects, reptiles, and/or animals.
6. Accidents or illness occurring in remote places where there are no available medical facilities.
7. Fatigue, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.

***I understand the description of these risks is not complete and that unknown or unanticipated risks may result in injury, illness, or death Release of Liability, Waiver of Claims and Indemnity Agreement**

In consideration for being permitted to participate in the activity(ies) described above the related activities, I hereby agree, acknowledge and appreciate that.

1. I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE, the following named persons or entities, herein referred to as releases.
2. To release the releasees, their officers, directors, employees, representatives, agents, and volunteers, and vessels from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releases or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify there in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of engaging in the above activities.
3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releases, other than what is set forth in this Agreement. This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforced.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforced.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND I FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(Signature of Adult Participant)

(Name of Participant, PRINT ONLY)

(Address)

(City)

(State)

(Zip Code)

(Phone Number)

(E-mail)

(Date of Birth)

(Date)

For Participants of Minority Age, this is to clarify that I, as Parent, Guardian, Temporary Guardian with legal responsibility for this participant, do consent and agree not only to his/her release of all releasees, but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heir, assigns, and next of kin.

(Signature of Parent or Legal Guardian
If participant is a minor, and by their signature
They on my behalf release all claims that both
They and I have)

(Name of Parent or Adult Legal Guardian Print ONLY)

(Name of Minor PRINT ONLY)