

# State Paintball 2021 Need 2 Know Packet

## STATE PAINTBALL!

### Part Trois



**September 18<sup>th</sup>, 2021**  
**\$30 / Player**  
**\$20 / First-time Guest**

**K.C. Crusaders**  
**13241 262<sup>nd</sup> Ave E**  
**South Prairie, WA**

**Are you going to State Paintball 2021?**  
**Here is everything that you need to know!**

**Registration Due Date:** September 8<sup>th</sup>, 2021

**Date:** September 18<sup>th</sup>, 2021

**Location:** K.C. Crusaders – South Prairie, WA

**Cost:** \$30 per player and \$20 for first-time guest\*

**Contact:** SMC Kurtis P. Copeland  
(425) 551-0284 or [kpcopeland@wademolay.org](mailto:kpcopeland@wademolay.org)

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# Schedule of Events:

## Friday, September 17<sup>th</sup>

- 7:00pm Puyallup Chapter's Meeting
- 10:30pm Brotherhood/Bonding/Board games  
(If you bring them)
- 12:00am Lights out!

*\*\*\* Puyallup Chapter's Meeting is not part of this event,  
however overnight accommodations are available. \*\*\**

## Saturday, September 18<sup>th</sup>

- 7:15am Wake up and suit up! State Paintball is today!
- 8:00am Leave for the field
- 8:30am Registration Begins
- 9:30am Suns-out-markers-out Orientation
- 10:00am The Paintball-Part-Trois Experience
- 12:30pm Time for food and water!
- 1:30pm Resume games. (Of course I haven't been shot! Why,  
what have you heard?)
- 4:00pm Go home and rest!

## Important Registration Information

To register:

- Head over to [wademolay.org](http://wademolay.org)
  - News/Info
    - State Event Registration
    - State Paintball

You can pay via PayPal as you register, send a check to the Washington DeMolay Office, or pay on site for an additional \$5/person.

Your payment includes your admission to the event with a marker/mask for each attendee as well as 500 rounds of paint.

# What to Bring:

- YOUR CAMO!
- Clothes for the ride home / towel / garbage bag
- Paintball Mask/Marker (optional, will be provided if you don't have one)
- KC Crusaders Release Form (Enclosed Below)
- WA DeMolay Medical Release Form (Enclosed Below)
- Water and/or Sports Drink
- Lunch/Snacks or Money for the Concession Stand and Pizza!
- Extra money for more paint and upgrades (**recommended!**)

# What Not to Bring:

- Paintballs (Only Field Paint is permitted)
- iPods/iPads
- Either Soup or Duck
- Computers
- A Chicken Arrow
- Weapons of any kind including but not limited to: Actual Guns, Potato Guns, things that hurt worse than paintballs, Knives, etc.
- Large amounts of cash not needed for this event.
- Other valuables

# Important Information:

- What Admission Gets You
  - \$30 admission (or \$20 for a first-time guest\*) gets you a semi-automatic paintball marker and full-face mask, the field fee, all day air and 500 rounds of paint!!
- Additional Paint Pricing
  - Bag of Paint (500) -\$22.00
  - Half Case (1,000) - \$40.00
  - Case (2,000) - \$60.00
- Upgrades and other Rentals (for an extra charge)
  - Electronic Marker and electronic Hopper Upgrade - \$30
  - Add Apex Barrel to Marker - \$10
  - Thermal Mask-\$5
  - Chest Protector-\$5
  - Neck Protector-\$5
  - Pod Pack-\$5

\*A first-time guest is defined as a male between the ages of 11 and 21, who has not yet completed an initiation or induction ceremony and has not participated in another State Event.

Waiver And Release Of Liability

EACH INDIVIDUAL MUST READ AND SIGN THIS RELEASE OF LIABILITY PRIOR TO PARTICIPATION

In consideration of KC Crusaders furnishing services and / or equipment to enable me to participate in paintball games

I agree as follows:

I fully understand and acknowledge that;

- 1) Risks and dangers exist in my use of paintball equipment and my participation in paintball activities.
- 2) 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, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability.
- 3) These risks and dangers may be caused by the negligence of the owners, employees, officers or agents of KC Crusaders, 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 and unforeseeable causes.
- 4) 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 KC Crusaders, or by any other person.

I, on behalf of myself, my personnel representatives and my heirs, hereby voluntarily and without inducement agree to release, waive, discharge, hold harmless, defend and indemnify KC Crusaders and its 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 KC Crusaders.

Photo Release

I grant to KC Crusaders, the right to take photographs during my paintball experience. I authorize KC Crusaders, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that KC Crusaders may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

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

PLAYER INFORMATION - All fields required

Print Name (legibly) \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

City State \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

E-Mail \_\_\_\_\_

Email not required. Please complete if you would like to be added to our Newsletter/Email list.

Have you played here before?    YES    NO

MINOR AGED PARTICIPANTS

All players under the age of 18 at time of participation must have a parent or guardian sign below

I certify that I am the parent or guardian with legal responsibility for the above signed participant and agree to his/her release. I also agree to indemnify the above named companies and individuals from liabilities resulting from his/her participation in these activities for heirs, assigns, my next of kin and myself.

Parent/Guardian Name (printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_



### Parental Consent/Medical Release

Chapter  Youth Name

I, the undersigned parent or legal guardian of the above named youth, do hereby give my consent and permission for him/her to participate in activities of the above named Chapter, Order of DeMolay, or the activities and events of Washington DeMolay, and activities and events of DeMolay International.

I hereby give specific consent for the above named youth to participate in all activity (ies) of the above named Chapter, Order of DeMolay.

In case of accident or illness, I give my permission for any DeMolay Advisor to seek medical attention deemed necessary at the time, for my son/daughter. I hereby authorize any adult DeMolay Advisor present to seek and secure, and any physician in attendance to provide, such emergency medical treatment as shall be deemed necessary in their opinion, including, but not limited to, hospitalization, injections, anesthesia, surgery, x-ray, blood and medications. I acknowledge that neither DeMolay International nor Washington DeMolay nor the above named Chapter maintain any medical insurance and that I will be responsible for all medical costs. I will indemnify and hold DeMolay International, Washington DeMolay and the above named Chapter harmless for the costs of medical care regardless of whether such care may later be considered unnecessary. I have completed the information below, and realize it will be used only as outlined above. I understand that every reasonable effort will be made to contact me prior to treatment. In the case of an emergency and I cannot be reached, I authorize the following named person to act on my behalf:

Name  Relationship  Phone

I further agree to release and hold harmless the above named Chapter, DeMolay International and Washington DeMolay and it's agents from any and all claims or causes of action which may arise out of my son's/daughter's travel to and from, participation in and attendance at any planned event or function. He/She may participate in all activities except:

(List Exception)

I or my son/daughter understand that while on the way to, in attendance at, or returning from any DeMolay function or event, I/we are obligated to follow the rules and guidelines of DeMolay International, Washington DeMolay and the above named Chapter as well as my obligations as a DeMolay, Sorority member, parent or guest of a DeMolay or Sorority member. The possession or use of alcohol, tobacco or non-prescription drugs is strictly prohibited. If, in the opinion of a DeMolay Advisor, myself, my son or daughter is in violation of any of the rules and guidelines stated or implied above, I or my son or daughter will be sent home at my own expense with a forfeiture of any fees. A complete report will be provided to the Executive Officer for possible action(s) in addition to those taken by the Chapter Advisory Council. I understand that permission expires **12/31/2021** and must be renewed annually. **A photocopy or electronic scan of this release has the same force and effect as the original.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING BY PRINTING THE ANSWERS CLEARLY:**

Youth Name  Parent/Guardian

Address  Address

City  City

State  Zip Code  State  Zip Code

Phone  Cell  Phone  Cell/Work

Youth's Doctor  Doctor's Phone

Allergies to Medicine

Prescriptions Now Taking

Insurance Carrier  Policy Number

**Address for Corinthian Lodge**  
**1005 W Pioneer Ave, Puyallup, WA 98371**



**Directions to K.C. Crusaders**  
**13241 262nd Ave E**  
**South Prairie, WA 98385**

