

ASF AIRSOFT RECRUITMENT PACKET

Thank you for your interest in joining the ASF Airsoft organization. ASF has continued to strive for breaking new ground within the Airsoft community, and we truly believe that you, a possible member of the society are joining in the work to make history.

This booklet is to gather all required information and legal documents in one shot. If there are any questions or concerns, Please contact your Recruiter or units Commanding Officer for more help and information.

QUESTIONNAIRE EXPLAINED

A questionnaire is required to be done by some state laws, due to this fact despite the state that the recruit resides in, he or she will answer the questions. If you have any questions, comments, or just concerns please contact your local ASF recruiting office.

PERSONAL

Do you currently have health insurance?	YES	NO
Are you a Citizen of the United States of America?	YES	NO
Do you currently have a stable job or carrier?	YES	NO

TRANSPORTATION

Do you have a Legal Drivers License?	YES	NO
Do you currently own a vehicle?	YES	NO
Do you have Car Insurance?	YES	NO
Can you legally carry passengers?	YES	NO
Can You Transport Members to Events?	YES	NO

GENERAL AIRSOFT QUESTIONNAIRE

Do you understand what the sport of Airsoft Really is?	YES	NO
Have you played Airsoft Before?	YES	NO
Have you played Paintball Before?	YES	NO
Have you been a part of an Airsoft or Paintball Team?	YES	NO

MISC QUESTIONS

Do you understand ASF does community service (CS) events?	YES	NO
Are you looking forward to participating in a CS Event?	YES	NO
Do you understand that there are Membership Dues?	YES	NO
Do you understand you have to pay even if you don't play?	YES	NO
Do you understand you are receiving over a \$3000 in gear?	YES	NO
Do you have a concealed weapon carry permit?	YES	NO

PERSONAL INFORMATION

Last Name: First Name:

Age: DOB: ----/----/..... Sex:

Age 21: ----/----/.....

ADDRESS INFORMATION

Street Address: City:

State: Zip Code:

*Please Note that the address above should be the address in which you are living. If you are uncomfortable receiving mail and important information at this address you can add the mailing address below.

[] Check this box if Same As Home Address

Mailing Address: City:

State: Zip Code:

PHONE INFORMATION

Home Phone: (----)

[] Call Only Between the Hours of ---- (AM-PM) & ---- (AM-PM)

Mobile Phone: (----)

[] Call Only Between the Hours of ---- (AM-PM) & ---- (AM-PM)

*Please only put phone numbers that will allow the organization to get a hold of the member themselves. Emergency and Parental phone numbers can be left on the Emergency Contact Sheet Located on page 8 of this booklet.

INTERNET COMMUNICATIONS

Email Address:@.....

MSN Instant Messenger:@.....

(This is Not a Requirement)

ASF INFORMED CONSENT AND WAIVER OF LIABILITY

ASF Airsoft Organization ("ASF") is a nonprofit public benefit corporation dedicated to perpetuating the memory of the fighting men and women of modern militaries through conducting public and private re-enactments of small unit engagements ("re-enactments"), public displays, conventions and lectures centered on the sport of Airsoft and modern day soldiery. Membership in ASF is normally limited by its Bylaws to persons 16 years of age or older, a member cannot participate in ASF events until after such parent or guardian, or member already 18 years of age has signed a consent and waiver, due to the inherent risks of such activities;

(Full Name Printed) _____ . Present Age: _____ .

seeks to join ASF because of his or her great interest in combat and soldiery and the desire to participate in all aspects of its activities, including community service; ASF has been impressed by the Applicant's sincere desire and efforts to join the organization and is, therefore, willing to accommodate the Applicant's request to join ASF under certain conditions to be specified herein below;

IN CONSIDERATION OF THE FOREGOING, THE SIGNER AGREES AS FOLLOWS:

1 The applicant person(s) and if need be parent or guardian(s) acknowledge that events of the type conducted by ASF are inherently dangerous due to the use of firearms and Airsoft weaponry, although ASF makes every effort to ensure each participant's safety through its Bylaws and the enforcement thereof. **2** The applicant and or parent or guardian understands that the members will use their best efforts to supervise and monitor the Applicant's participation in events, but that given the sometimes chaotic nature of such events, it is not possible to absolutely guarantee at all times that the Applicant will be so supervised and protected from potential injury, including fatal, caused by the Applicant's or others' negligence in the use of firearms or otherwise. **3** With full recognition of the potentially dangerous conditions described above, the applicant and if need be the parent or guardian still desires to have the Applicant admitted to membership in ASF and to permit the Applicant to participate in events, notwithstanding these inherent risks to the Applicant's health and safety. **4** In consideration of permitting the Applicant to participate in activities and events, the undersigned hereby assumes and waives all liability for any and all injuries and damages which may be sustained by the Applicant or themselves, including mental distress, by reason of the Applicant's own acts or the negligence of any member, excepting only gross negligence or willful acts on the part of such ASF members, and that the applicant and if under 18 years of age the parent or guardian will hold ASF harmless from any and all claims howsoever causally connected in any way to the Applicant's participation in activities and events. **5** It is intended and understood by the applicant and or parent / guardian that this "Informed Consent and Waiver of Liability" shall constitute the waiver of liability required by Section 4 of Article I of the ASF Bylaws and that, pursuant to California Civil Code § 3268, and similar codes in the states of Utah, Arizona, Nevada, Oregon, and Washington. That such waiver of liability shall be effective as to all claims against ASF whatsoever, except as may otherwise be provided herein, and that they have fully considered its implications and have received independent legal advice prior to entering into this agreement.

Applicant Signature: _____ .

(Must Sign No Matter What)

Parent/ Guardian Signature: _____ .

(If under 18 years of Age)

Witness of Signature: _____ .

(Anyone 18 years of age or older)

ASF MEDICAL QUESTIONNAIRE

It is mandatory to complete this medical form prior to participating in physical training or the sport of Airsoft with ASF. You are to return this document to one of the ASF recruiters, regardless of it being in a packet or not. If you answer yes to any of the questions below, depending on how serious the question might be, you will be contacted by one of the team doctors to ensure the ability to continue in the program as a fully fledged member of ASF.

- 1. Has there been any significant change in your health in the past 6 months? YES NO
- 2. Are you currently on a medical profile exempting you from Physical activities YES NO
- 3. Has a physician indicated you have heart disease, heart or breathing trouble? YES NO
 - a. Do you have any chest pains, especially with physical activity? YES NO
 - b. Do you ever feel faint or dizzy after any physical activity? YES NO
 - c. Do You Have Asthma? Or any other breathing condition? YES NO
 - d. Do you have any breathing troubles during physical Activities YES NO
 - e. Are You Affected by Heat in a medically insecure way? YES NO
- 4. Have you experienced any significant weight change in the past 6 months? YES NO
- 5. Have you ever been diagnosed or displayed symptoms of heat stress? YES NO
- 6. Do you take any dietary, herbal, or nutritional supplements? YES NO
 - a. If Yes Please List: _____.
- 7. Do you have any medical issues that may cause safety concern? YES NO
 - a. If Yes Please List: _____.

Print Name: _____. MI: _____. Last: _____.

Applicant Signature: _____.
(Required No Matter What)

Parent or Guardian: _____.
(If Under 18 Years of Age)

Please note, under US law, the information privacy acts apply, this document is to gather information from members, potential members, and tag along to help keep a safe and fun environment. This form is for internal use only, Disclosure is voluntary, however failure to disclose may result in a probationary period and or the revoking of the right to play with ASF, or at ASF events.

EMERGENCY CONTACT INFORMATION

PARENTAL CONTACT INFORMATION (OPTIONAL IF OVER 18)

Parent/Guardian Name: _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

Address: _____ City: _____

State: _____ Zip Code: _____

PRIMARY EMERGENCY CONTACT

Primary Emergency Contact: _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

Address: _____ City: _____

State: _____ Zip Code: _____

MEDICAL EMERGENCY INFORMATION FORM

Hospital / Clinic Preference: _____

Physician: _____ Phone: (_____) _____

Insurance Company: _____ Policy #: _____

OPTIONAL IF OVER 18 YEARS OF AGE

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for the myself (or if applicant is under the age of 18, the child) and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian nor emergency contact can be reached in the case of an emergency.

..... /..... /.....
(Parent or Guardian Signature, If Under 18) (Date)

..... /..... /.....
(Applicant Signature) (Date)

MEDIA RELEASE FORM

I, the undersigned, do hereby consent and agree that the ASF Airsoft Organization, its employees, or agents have the right to take photographs, videotape, or digital recordings of me throughout my membership and to use these in any and all media, now or hereafter known. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to the ASF Airsoft Organization, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. I also understand that the ASF Airsoft Organization is not responsible for any expense or liability incurred as a result of my participation in recordings, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, or as the parent or guardian have read and understand the foregoing statement, and am competent to execute this agreement.

..... /...../.....
(Parent or Guardian Signature, If Under 18) (Date)

..... /...../.....
(Applicant Signature) (Date)

TERMS AND CONDITIONS

The ASF teams operate according to the terms and conditions set out by the Board of Directors. A Full List of terms and conditions can be viewed within the Organizations Bylaws. The following are most important conditions of membership. By signing this document you also agree to abide by the terms and conditions set forth within the bylaws.

- 1. To abide and follow regulations set out by the ASF bylaws...
- 2. To pay Corresponding membership dues. All money will go to insurance, equipment, rentals and so on in order for the ASF organization to operate functionally and correctly. You must pay even if you don't play, due to the fact that the organization buys over \$1000 worth of gear per member over the first year of their membership. All that is asked is for Members to pay the dues, which are \$20.00 USD a Month.
- 3. As a member of ASF you must abide by the operating and safety procedures when handling weapons, equipment, or certain devices. Failure to abide by the procedures may place a member or fellow member in grave danger. A view of the operating and safety procedures can be viewed in the safety section of the bylaws
- 4. Any items issued by the ASF organization are ASF property; all weapons will be issued and returned during every event. Under no circumstances can a member freely take an object from the ASF supply without written permission. If termination of membership happens then all issued gear will be accounted for. Anything lost or stolen will be charged as a fine. Some gear is NOT ASF property after being issued, please contact your commanding officer for more information on your Loadout.
- 5. Rules and Regulations stated in all other ASF certified documents will be followed, Depending on the severity; any rule or regulation not followed will be enforced in a standard corresponding to the offence.

All regulations, terms, and conditions for membership are in place to ensure a safe and fun environment.

..... /..... /.....
 (Applicant Signature) (Date)

..... /..... /.....
 (Parent or Guardian Signature, If Under 18) (Date)