

Permission To Participate

If the participant is a minor please have a parent/guardian sign below

Guest 1-Name & Birthday: _____

Guest 2-Name & Birthday: _____

Guest 3-Name & Birthday: _____

Guest 4-Name & Birthday: _____

Guest 5-Name & Birthday: _____

Guest 6-Name & Birthday: _____

Guest 7-Name & Birthday: _____

Guest 8-Name & Birthday: _____

Guest 9-Name & Birthday: _____

Guest 10-Name & Birthday: _____

Guest 11-Name & Birthday: _____

Guest 12-Name & Birthday: _____

Guest 13-Name & Birthday: _____

Guest 14-Name & Birthday: _____

Guest 15-Name & Birthday: _____

Guest 16-Name & Birthday: _____

(1) _____ Initial Here. I AGREE TO PLAY ACCORDING TO THE RULES AS INSTRUCTED BY THE STAFF OF LASER WAR ZON,INC.

(2) _____ Initial Here. I ACCEPT FULL RESPONSIBILITY FOR DAMAGE TO LASER WAR ZONE, INC. PREMISES,FACILITIES AND/OR EQUIPMENT CAUSED BY ME.

(3) _____ Initial Here. I AGREE TO INFORM LASER WAR ZONE,INC. STAFF OF ANY MEDICAL CONDITION OR TREATMENT THAT I HAVE, PRIOR TO PARTICIPATING.

I am fully aware that a laser tag game at the Laser War Zone, inc. is a physical activity played in a dimly-lit, fog-filled maze containing obstacles, walls, lasers, loud music and other players. I recognize and take full responsibility for the potential for injuries which may occur to or caused by me & all minors under my responsibility as a parent/guardian responsible. I hereby release & waive any and all rights and claims for damages against Laser War Zone, inc. and/or its agents and representatives for any injuries or damages in connection with any association with or entry into Laser War Zone or other activities sponsored by the staff.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THIS AGREEMENT AND RELEASE OF LIABILITY. I FURTHER AGREE TO THE CODE OF CONDUCT.

Thank you,

Laser War Zone

Parent/ Guardian Name & Birthday: _____

Signature: _____

Phone Number: _____