

## WAIVER OF LIABILITY AND ASSUMPTION OF RISKS

## I understand that:

- LaserTag is physically and mentally intense and may require extreme exertion to play.
- The possibility of injury to myself and others exists.
- The playing area may have varying terrain and may be slippery and have many trip hazards.
- There is the possibility of fallen tree debris.
- No physical contact is allowed between participants.

## I confirm and agree that:

- I am physically fit and mentally able to take the strain and exertion involved in playing lasertag.
- I have no medical condition that would prevent me from playing.

  (Please make the game manager aware if you use an inhaler or any other medical aid)
- I am fully aware of the risk to myself and others involved in lasertag.
- I will comply with the rules and use all equipment as instructed and not so as to injure or hurt others.
- I will obey all instructions from the game manager/site marshals.

## Please print clearly and in CAPITALS

Name:			
Address:			
	9	8	
	Post Code:	6	
		8	
Tel No: E-mail address:			
Date of Birth / / (If under 18)			0.
Signed:	Date /	/	
Signature of parent/guardian:(Required for ALL players under 18)		9.	