



## 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: .....

.....

.....Post Code: .....

Tel No:..... E-mail address:.....

Date of Birth  /  (If under 18)

Signed: .....

Date  /

Signature of parent/guardian:.....

(Required for ALL players under 18)