



Codename: _____

LASER TAG HOLD HARMLESS AND WAIVER

EACH INDIVIDUAL MUST READ AND SIGN THIS RELEASE OF LIABILITY PRIOR TO PARTICIPATION IN ANY LASER TAG ACTIVITY

Our arena is dimly lit, fog-filled, and full of obstacles and walls. Many people are in the arena at the same time, often moving quickly and quietly. While our arena is supervised, no part of the arena is supervised continuously. Certain medical conditions, including asthma, epilepsy and seizure disorders can be exacerbated or triggered by laser tag play, and all appropriate care should be taken if you have any such condition. Laser tag is a physical activity that, like other physical activities, involves a risk of injury, permanent disability or death.

I freely assume all risks both known and unknown and assume full responsibility for my participation.

I agree to fully comply with all rules, regulations and policies during my participation and understand that Bud's Laser Tag Ltd.. reserves the right to remove me for failing to follow the same, without refund.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin hereby release and hold harmless Bud's Laser Tag Ltd, their officers, officials, agents, employees, or the property owners from any and all liability for injury, disability, death, or loss or damage to personal property.

I acknowledge, understand and agree that I have read this release of liability and assume all risks associated with participating and that I sign this release of liability voluntarily and without inducement.

PLEASE PRINT CLEARLY

Player's first and last name

Player's Date of Birth (mm/dd/yyyy)

Player's Street Address, City, Postal Code

Player's Telephone #

Player's Email Address (optional – used only for Zap Attack email updates and special offers)

Player's Signature

Date Signed

MINOR AGED PARTICIPANTS

All players under the age of 18 at the 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 will also agree to indemnify the above named companies and individuals from all liabilities resulting from his/her participation in these activities for myself, my heirs, assigns and next of kin

Parent/Guardian Signature

Date Signed

Parent/Guardian Name (please print)

STAFF USE ONLY	
POS <input type="radio"/>	EXCEL <input type="radio"/>