

## 42nd FSS, Last Stand Laser Tag Waiver and Release of Liability

### Participant Information:

- **Name:** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Email:** \_\_\_\_\_

### Emergency Contact Information:

- **Name:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_

### Waiver and Release of Liability:

By signing this waiver, I, the undersigned, acknowledge and agree to the following terms and conditions:

1. **Assumption of Risk:**
  - I understand that participating in laser tag involves inherent risks, including but not limited to physical exertion, collisions with other participants, falls, and equipment-related injuries. I voluntarily assume all risks associated with participating in this activity.
2. **Release of Liability:**
  - I, on behalf of myself, my heirs, executors, administrators, and assigns, hereby release, discharge, and hold harmless 42nd FSS, Last Stand Laser Tag, its owners, operators, employees, and agents from any and all claims, liabilities, or demands arising from or related to my participation in laser tag activities.
3. **Medical Conditions:**
  - I certify that I do not have any medical conditions that would prevent me from safely participating in laser tag activities. I understand that it is my responsibility to consult with a healthcare professional if I have any concerns about my ability to participate.
4. **Adherence to Rules:**
  - I have read, understand, and agree to abide by the 42nd FSS, Last Stand Laser Tag Rules and Code of Conduct. I understand that failure to follow these rules may result in my removal from the facility without a refund.
5. **Consent for Medical Treatment:**
  - In the event of an injury or medical emergency, I authorize 42nd FSS, Last Stand Laser Tag to seek and obtain medical treatment for me. I agree to be responsible for any costs associated with such treatment.

### Parental/Guardian Consent (for participants under 18):

If the participant is under 18 years of age, a parent or legal guardian must sign this section.

I, the undersigned, as the parent or legal guardian of the above-named participant, hereby give my consent for my child to participate in laser tag activities at 42nd FSS, Last Stand Laser Tag. I have read and understand the terms of this waiver and release of liability, and I agree to be bound by its terms.

- **Parent/Guardian Name:** \_\_\_\_\_
- **Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

**Participant Consent:**

I have read and understand the terms of this waiver and release of liability. I voluntarily agree to its terms and conditions.

- **Participant Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_