



WAIVER OF LIABILITY AND ASSUMPTION OF RISKS

I understand that:

- Laser tag can be physically and mentally intense and may require some exertion to play.
- The possibility of injury to myself or others exists.
- The playing area may have varying terrain and may be slippery and have many trip hazards.
- No physical contact is allowed between participants.
- Photographs and video will be taken at todays event. By taking part in this event you grant Urban Battlefields permission to upload the media to a Facebook folder for all participants to view and download a memory of their day, if you wish not to be photographed then please inform a member of Urban battlefields staff.

I confirm and agree that:

- I am physically fit and mentally able to take the strain and exertion involved in playing laser tag.
- I have no medical conditions that would prevent me from playing, please make Urban Battlefields staff aware if you use an inhaler or any other medical aid.
- I am fully aware of the risk to myself and others involved in laser tag.
- I will comply with the rules and use all equipment as instructed as not to injure or hurt others.
- I will obey all instructions from the Urban Battlefields staff.

Please print clearly and in CAPITALS

If all players reside at the same address, use a single waiver form listing all participants names and dates of birth. Utilise the back of form if necessary.

Players name:

Address:

.....

Postcode:

Tel no:

Email address.....

Date of birth.....

Sign and date (Player/Parent/Guardian)

(parent and or guardian must sign if under the age of 18)