



WAIVER OF RELEASE OF LIABILITY

PARTICIPANT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

IN CONSIDERATION of being permitted to participate in any way in the sport and activities of Laser Tag under the auspices of Ready Combat, I acknowledge, appreciate, and agree that:

- 1. The risk of injury from the activity and equipment of Ready Combat. is very MINIMAL; however the risk of serious injury always exists therefore;
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation; and,
3. I understand that the activities of Laser Tag can be physically and mentally intense to some. I understand the rules of play and will comply with all the rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practical; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Ready Combat, THE OWNERS AND LESSORS OF PREMISES USED TO CONDUCT THE LASER TAG ACTIVITES, THEIR OFFICERS, OFFICIALS, AGENTS, AND/OR EMPLOYEES ("RELEASEES"). WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. I understand and agree that this Release of Liability Agreement covers each and every Laser Tag activity and event in which I participate hereafter.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_ Date Signed \_\_\_\_\_ Phone # \_\_\_\_\_
PARTICIPANT'S SIGNATURE

\_\_\_\_\_ CITY \_\_\_\_\_ POSTAL CODE

EMAIL ADDRESS \_\_\_\_\_

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION) This is to certify that I, as parent/guardian with legal responsibility for this participant do consent and agree not only to his/her release of Ready Combat and all other releases but also to release and indemnify the releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

X \_\_\_\_\_ EMERGENCY PHONE # \_\_\_\_\_
PARENT/GUARDIAN'S SIGNATURE

Date signed \_\_\_\_\_