



**A COMPLETED AND SIGNED WAIVER IS REQUIRED TO PARTICIPATE IN VBALL at LASERDOME PLUS
SORRY, NO EXCEPTIONS**



In consideration of being allowed to enter into the play area and/or participate in any party/program or any other event at Laserdome Plus, the undersigned, on his or her own behalf and/or on behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:

1. I understand VBall (Velcro ball- paintball) can be dangerous and hazardous and that the risk of injury from this activity and weaponry involved in the participation of VBall is significant to the participant(s) and/or me, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, DAMAGE OR INJURY while on Laserdome Plus premises. In addition, if I/we observe any hazard/danger during our participation, I will bring it to the attention of the nearest Laserdome Plus employee or official immediately.

Initial

2. I, for myself and the participants named below, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and forever discharge Laserfit Lasertag and Climbing Centre Ltd., and their officers, members, agents, employees, directors, trustees, affiliates, other participants and all other persons and entities acting on their behalf, from any and all claims, actions, damages, injuries, liabilities, cost or expenses, including attorneys fees, which are related to or arise out of myself or the participant(s) named below participation (including 3rd party or parties injury in occurrence in which myself or the participant(s) named below participates) or use of the facility; and that I forever waive the right to sue or exercise any legal actions against Laserfit Lasertag and Climbing Centre Ltd.

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3. By execution of this agreement, it is my intention to assume all risk of injury and do hereby surrender and waive any rights to sue or exercise any legal right to seek damages against Laserfit Lasertag and Climbing Centre Ltd., it's owners, officers, members, agents, employees, directors, trustees, affiliates, other persons or entities acting on their behalf.

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4. I acknowledge that my and the participants named below, participation in activities at Laserdome Plus is strictly voluntary. I hereby certify that I am over 18 years of age and voluntarily agree to all terms, conditions and responsibilities set forth in the above terms and conditions. Prior to signing this agreement, I have had ample opportunity to ask any and all questions. I am aware that by signing this agreement, I assume all risks and waive and release all substantial rights that I may have and possess.

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5. I understand the rules of play and will comply with all rules and regulations.

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Field Safety Rules

- *All players need to be at least 10 years old to play
- *No outside equipment will be permitted
- *A ref is required to supervise ALL games, and have complete authority
- *Face Mask **MUST** be worn at all times when playing
- *Foul or inappropriate language is not allowed
- *No one under the influence of drugs/alcohol will be permitted to play

IF YOU BREAK ANY OF THE RULES, YOU WILL BE ASKED TO LEAVE (NO REFUNDS!)

Equipment Rentals:

I understand and accept the responsibility for all equipment supplied to me by the Sponsors & Property Owners. If I damage or lose any portion of this equipment I agree to pay all costs related to the replacement or repair of the lost or damaged items.

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*Participant Name (print) _____	Date of Birth ___/___/___(MM/DD/YYYY)
*Participant Signature _____	Age _____ *Date Signed ___/___/___(MM/DD/YYYY)

If participant is a minor child, parent/guardian signature also required. ***Parent Cell Phone**

I, the minor's parent and or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity.

*Parent/Guardian Name (print) _____	*Will you be playing also? Yes / No
*Parent/ Guardian Signature _____	*Date Signed ___/___/___(MM/DD/YYYY)