

# LASERSCAPE®

## Registration Form and Release

(TO BE COMPLETED FOR EVERY PLAYER BEFORE PLAY)

By signing this release I agree the following:

1. I am legally responsible for all participants named in this release and attest that I have the legal authority to sign the document.
2. The participant will follow all instructions and directions from Laserscape staff.
3. All participants are required to wear fully covered shoes to be allowed to participate at Laserscape.
4. The participant will remain in the area of Laserscape property, expressly designated by the Laserscape staff member.
5. Laserscape is a non-contact combat game. The participant shall not throw or propel any article at, or engage in any physical contact with any other participant.
6. The Laserscape property is a natural environment and I accept the risks of loss or injury from vermin or wild flora and fauna, including but not limited to snake bite, insect or spider bite, plant rash or allergy. I hereby release Laserscape from any liability for any loss or injury that may occur from any such incident.
7. No valuable items will be brought into the play area and any items of value should be placed in a locked motor vehicle in the designated parking area. Laserscape will not be responsible for any loss of or damage to any property of any person at the Laserscape premises. This extends to any motor vehicles located on the property.
8. All Laserscape equipment must be used in accordance with the manufacturer's instructions that will be explained to all participants prior to commencement of activities.
9. Participants shall not damage any Laserscape equipment or property and I accept that I may be held legally and financially responsible for any damage caused by any participant named on this release.
10. I accept that only emergency minor first aid can be provided at Laserscape and give permission for such treatment to be administered. I agree that Laserscape is not legally or financially responsible for transportation to or, provision of, any medical services to any participant.
11. I will inform Laserscape if any participant is suffering any medical or other condition that may affect their capacity to engage in activities at Laserscape. I accept that at the sole discretion of Laserscape the participant's involvement in activities may be refused. I otherwise confirm the participant is not suffering any illness or injury.
12. On behalf of myself and any of the participants for who I am responsible, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Laserscape from any and all claims, demands, or causes of action, which are in any way connected with participation in Laserscape's activity or use of Laserscape's equipment or facilities, including any such claims which allege negligent acts or omissions of Laserscape.
13. Any participant's failure to comply with any condition contained in this release or any direction of Laserscape staff may require the participant to cease participation and be required to leave Laserscape property.

I \_\_\_\_\_ of \_\_\_\_\_  
(name of parent or guardian) (address)

ph \_\_\_\_\_ agree that I have read and understand the document and been offered an explanation of the contents. I confirm I have explained the obligations to all named participants.

I am signing this release to apply to \_\_\_\_\_ participant(s).

Signature (parent or guardian): \_\_\_\_\_ Date: \_\_\_\_\_