

LASER

RYE HOUSE LASER COMBAT

CERTIFICATE OF UNDERSTANDING AND EXPRESS ASSUMPTION OF RISK

Please read carefully, fill in blanks and sign the form.

I hereby confirm that I must and will not participate in any activity unless I have understood the instructions given in the briefing and read the arena rules and regulations. I understand that the arena is dark and accept that this is essential to the game, I also accept that there are various hazards such as walls, slopes, flashing lights, smoke machines and arena features. I will ask to inspect the arena before the game starts if I feel uneasy or nervous about the possibility of injury due to any of these potential hazards. I accept that I will abstain from participating should I not agree to accept the risks involved.

I state that I am in good physical and mental health, and I am not suffering from any other medical condition or disability which might make it unsafe for me to participate and/or I am not aware of any impairment of my child or charge's condition.

I further state that I do not suffer from Epilepsy, Asthma, Fits, Recurrent blackouts, fainting spells or giddiness, back, neck or spinal complaint, dislocation, weakness or injury involving breaking of any limbs, diabetes, lung or heart disease or severe head injury which might make it unsafe for me to participate and/or I am not aware of any such impairment of my child or charge's condition.

I further state that I am not participating against medical advice and that I have not been diagnosed as having a terminal illness which might make it unsafe for me to participate.

I further declare that in the event of feeling physically or mentally unwell or suffering an injury of any description during the course of the activity, I will notify the proprietor of the premises where the activity is taking place or his authorised representative immediately. I will thereafter immediately discontinue the activity should I be instructed to do so by the arena staff.

I will ensure that I have read the rules and regulations before signing this and will listen to the safety briefing before I enter the arena. I accept that my actions in the arena are my own responsibility and I will at all times participate with the safety of myself and others in mind and I accept that the above named activity can be dangerous and the danger is increased by players not following the rules of the venue. I understand the importance of the rules especially with regard to the No Running or No Climbing rule. By failing to obey the rules I accept that the chance of injury is highly increased.

I confirm that I have not consumed any alcohol 12 hours prior to the commencement of today's activity. I further confirm that I am not in possession of any alcohol nor have I brought any onto the premises.

By my signature I accept that I fully understand the terms of this document and the reasons why I have been asked to sign it and hereby confirm that I am signing it of my own free will.

I FURTHER EXPRESSLY CONFIRM THAT I UNDERSTAND THAT LASER TAG AND ITS RELATED ACTIVITIES ARE NOT WITHOUT RISK AND THAT ACCORDINGLY I UNDERTAKE TO ACCEPT RESPONSIBILITY TO LOOK AFTER MYSELF AND THOSE AROUND ME IN A CAREFUL AND THOUGHTFUL MANNER AT ALL TIMES WHILST ON THE PREMISES.

PLEASE HELP US TO HELP YOU HAVE AN ENJOYABLE EXPERIENCE BY:-

- 1) Obeying all the instructions that you receive immediately;
- 2) Looking after yourself at all times; and
- 3) Acting in a careful and considerate way towards everyone else on the premises.

A FAILURE TO COMPLY WITH THESE BASIC REQUIREMENTS WILL RESULT IN AN IMMEDIATE CESSATION OF LASER TAG ACTIVITIES.

I further state that I am of lawful age and legally competent to sign this certificate and that I have acquired the written consent of my parent or guardian as appropriate, I confirm that I am 18 years of age or over. If participant is aged 17 years of age or under, a Parent, Guardian or Adult "in loco parentis" must sign the following section.

PARENT/GUARDIAN FIRST NAME: _____	NAME OF EACH PLAYER	AGE
SURNAME: _____	7) _____	_____
DATE OF BIRTH: _____	8) _____	_____
ADDRESS: _____	9) _____	_____
TOWN: _____	10) _____	_____
COUNTY: _____	11) _____	_____
POSTCODE: _____	12) _____	_____
TEL: _____	13) _____	_____
EMAIL: _____	14) _____	_____
NAME OF EACH PLAYER	AGE	15) _____
1) _____	_____	16) _____
2) _____	_____	17) _____
3) _____	_____	18) _____
4) _____	_____	19) _____
5) _____	_____	20) _____
6) _____	_____	_____