



Quinte Laser Tag Inc.
613-847-9955
www.quintelasertag.com

WAIVER FORM

THIS IS A RELEASE OF LIABILITY-READ BEFORE SIGNING

THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY QUINTE LASER TAG INC. EVENT

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 Quinte Laser Tag Inc., I acknowledge, appreciate, and agree that:

1. The risk of injury from the activity and equipment of Quinte Laser Tag Inc. is significant, 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;
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 are physically and mentally intense. 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 QUINTE LASER TAG INC., THE OWNERS AND LESSORS OF PREMISES USED TO CONDUCT THE LASER TAG ACTIVITIES, 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

ADDRESS

CITY, PROVINCE

POSTAL CODE

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 Quinte Laser Tag Inc. 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 _____

PARENT/GUARDIAN'S SIGNATURE

EMERGENCY PHONE #

Date signed _____