

**TYPE RIGHT ON THIS FORM AND PRINT**

**PLEASE FILL OUT ONE FORM PER LASER TAG PLAYER - ADULT OR CHILD**



**THIS FORM IS FOR THE PARTICIPATION IN LASER TAG ONLY - Q-ZAR DOES NOT GIVE AWAY OR SELL ANY PERSONAL INFORMATION - THIS FORM WILL BE SHREDDED AFTER USE**

**FIRST:**

**PLAYED Q-ZAR.  
BEFORE  
YES - NO**

**LAST:**

**ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

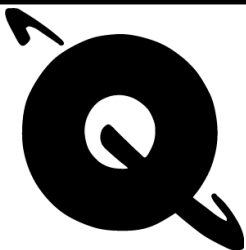
**BIRTHDATE**

**MONTH:**

**DAY:**

**YEAR:**

**AGE:**



**EMAIL**

I wish to play Laser Tag at Q-ZAR . I acknowledge that participation in Laser Tag games involves physical activity that could result in injury to me. I assume full responsibility for any injuries or damage which may occur to or be caused by me while on these premises. I assume full responsibility no matter what the cause, including without limitations, the affirmative negligence of Q-ZAR, its owners, employees or agents. I completely release & discharge Q-ZAR, its owners, employees, & agents from all claims, damages or other liabilities, present or future, whether or not known or anticipated, which may result from or arise out of the use or intended use of the Laser Tag facility or any related equipment. I have read & understand the foregoing waiver. I agree to play Laser Tag according to the rules & instructions given me by members of the Q-ZAR staff. I acknowledge that Q-ZAR accepts no responsibility for any act or thing done which is not in accordance with the rules and instructions. I accept full responsibility for any damage to Q-ZAR premises, facility and / or equipment caused by me. I agree to inform a member of the Q-ZAR staff of any medical conditions or treatments that I have prior to participating in the game of Laser Tag.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_