

Calvary Chapel South Bay
Night of Champions Release for Laser Tag

Name: _____
Address: _____
City: _____ State: _____ Zip _____
Phone: () _____ - _____ Date: _____

*If participant is under 18 years of age and parent is not present at this event during the time of this activities,
The participants must have a parent's signature prior to engaging in the activity.*

THIS IS A RELEASE OF LIABILITY PLEASE READ CAREFULLY BEFORE SIGNING!

This is a high risk Activity I fully understand and agree that this activity may result in injury. I hereby freely and expressly assume and accept any and all risks of injury or death resulting from participating in Laser Tag Activities, and using all Laser Tag equipment, while participating in this activity at Calvary Chapel South Bay.

Release of all Liability I hereby agree to release Calvary Chapel South Bay, its owners, officers, agents and employees, from any and all liability for injury, damage or death to myself or to any other person which may arise from the use of any equipment on premises while participating in Laser Tag at Calvary Chapel South Bay. I agree NOT to make claim against or sue Calvary Chapel South Bay for injuries or damages relating to the sport of Laser Tag or from using all equipment appertaining thereto.

Binding Upon Heirs, Etc. I understand that this is a contract which is legally binding upon me, my heirs, assigns and legal representatives.

I the undersigned, have read, understood and voluntarily agree to the above.

Signed: _____ Date: _____
(If the above named person is a minor, signature of parent or legal guardian is required)