



WAIVER/MEMBERSHIP FORM

Name: _____

Address: _____

City/Town: _____ Prov. _____

Postal Code: _____ Phone: _____

Daily Membership

Annual Membership

CODE NAME : _____

Male Female Date of Birth: _____ Have you played before? Yes No

In signing this membership form, I agree to:

- a) Follow the instructions of the staff of Laser Jungle and posted warning signs.
- b) Abide by the rules of the game as made known to me; and
- c) Be bound by the term of this form.

ASSUMPTION OF RISK

I ACKNOWLEDGE that:

- a) Participation in this activity could, in some circumstances, result in personal injury.
- b) My membership fee is non-refundable,
- c) My membership is non-transferable and non-assignable,
- d) Laser Jungle reserves the right to terminate my membership without refund if I do not abide by the rules of Laser Jungle or the instruction and direction of its staff.

I DECLARE that:

- a) I am over the age of 18 (if I am not, that I have obtained the consent of my parent or guardian).
- b) I am in good physical condition and know of no medical condition, which may increase my risk in the activity.

I AGREE to assume and do assume all risks of personal injury and property damage arising from my participation in this activity.

I FURTHER AGREE for myself, my heirs, executors, administrators and assigns, to waive any claim which I may be entitled to for injury or damage and release LASER JUNGLE, its representatives, directors, officers, employees, from any claim for injury or damages suffered by me as a result of my participation.

I FURTHER AGREE to indemnify LASER JUNGLE for any damage to the premises, facilities or equipment, which I may cause.

IT IS MY WISH FOR THIS WAIVER TO STAY ON FILE WITH THE LASER JUNGLE TO BE USED ON ALL FUTURE VISITS. YES NO

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____