



231 E. Main Street
Alhambra, California 91801

PLAYER APPLICATION and WAIVER

Each person must complete and sign

I, THE PARTICIPANT, PARENT(S), LEGAL GUARDIAN OR RESPONSIBLE PARTY OF PARTICIPANT:

A. UNDERSTAND THAT PARTICIPATION IN ULTRAZONE ALHAMBRA LASER TAG INVOLVES PHYSICAL ACTIVITY THAT COULD RESULT IN INJURY TO ME. I ASSUME RESPONSIBILITY FOR ANY INJURIES OR DAMAGES WHICH MAY OCCUR TO ME CAUSED BY ME IN, ON OR ABOUT ULTRAZONE ALHAMBRA'S PREMISES FROM ANY CAUSE, INCLUDING, WITHOUT LIMITATION, THE FAULT OF ULTRAZONE ALHAMBRA, ITS OWNERS, EMPLOYEES AND AGENTS, FROM ALL CLAIMS, DAMAGES OR OTHER LIABILITIES PRESENT OR FUTURE, WHETHER KNOWN OR ANTICIPATED THAT MAY RESULT FROM OR ARISE OUT OF MY INVOLVEMENT OR PARTICIPATION IN THE USE OR INTENDED USE OF THE GAME OR PREMISES, FACILITIES AND EQUIPMENT RELATED THERETO.

B. AGREE TO PLAY ULTRAZONE ALHAMBRA LASER TAG ACCORDING TO THE RULES AND INSTRUCTIONS GIVEN TO ME BY ANY MEMBERS OF THE ULTRAZONE ALHAMBRA STAFF. I ACKNOWLEDGE THAT ULTRAZONE ALHAMBRA ACCEPTS NO RESPONSIBILITY FOR ANY ACT OR THING DONE BY ME WHICH IS NOT IN ACCORDANCE WITH THE RULES AND INSTRUCTIONS.

C. ACCEPT FULL RESPONSIBILITY FOR ANY DAMAGE TO ULTRAZONE ALHAMBRA PREMISES, FACILITIES, AND/OR EQUIPMENT CAUSED BY ME.

D. AGREE TO INFORM A MEMBER OF THE ULTRAZONE STAFF OF ANY MEDICAL CONDITION OR TREATMENT THAT I HAVE, PRIOR TO PARTICIPATING IN ULTRAZONE ALHAMBRA LASER TAG.

E. AGREE TO ALLOW ULTRAZONE ALHAMBRA TO EMPLOY ANY AUDIO, VIDEO, OR PHOTOGRAPHS TAKEN OF HIM OR HER WHILE ON THE PREMISES.

FIRST NAME: _____

LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ TELEPHONE: _____

BIRTHDATE: _____ AGE: _____

EMAIL: _____

HAVING REGISTERED AS AN ULTRAZONE PLAYER, I ACKNOWLEDGE THAT THE LASER TAG SPORT IS A PHYSICAL ACTIVITY WHICH I JUDGE MYSELF FIT AND SUITABLY DRESSED TO PLAY. I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND ACKNOWLEDGE THAT IF I AM UNDER 18 YEARS OF AGE, I HAVE DISCUSSED THE TERMS AND CONDITIONS OF THIS WAIVER WITH MY PARENT(S), LEGAL GUARDIAN OR RESPONSIBLE PARTY AND THEY HAVE CONSENTED TO THIS WAIVER.

SIGNATURE OF PLAYER (PARENT OR GUARDIAN IF UNDER 18) DATE

PRINTED NAME OF PARENT, GUARDIAN OR RESPONSIBLE PARTY