



# WAIVER FORM

As a participant/member at Laser Eclipse, I, the undersigned or parent / legal guardian of a minor:

- 1) Acknowledge the fact that laser tag and climbing the Rock is a physical activity, and I may be injured by playing. I personally assume full responsibility for my actions, and for all injuries or damage which may happen or that I cause to happen on the premises of Laser Eclipse for any cause, including but not limited to the fault of Laser Eclipse, its owners, employees, or agents and I agree to completely release and discharge Laser Eclipse, its owners, employees, or agents for and from any and all claims, damages, or other liabilities whether in the past, present, or future, whether known or to be discovered, that may result or arise from my participation in laser tag or climbing the Rock, use of the premises, facilities or equipment thereon.
- 2) I agree to follow all of the rules of the laser tag game, the Rock and the facility, as they are posted within the facility and/or verbally given by the staff. I acknowledge that Laser Eclipse accepts no responsibility for any act or thing done by me, which is in violation of the rules given.
- 3) I acknowledge that if I am under the age of 18, that I have discussed this release with my parent / legal guardian and they have consented to allow me to participate.
- 4) I accept full responsibility for any damage to the Laser Eclipse premises, facilities, and or equipment caused by me.
- 5) I agree to inform a member of the Laser eclipse staff of any medical condition or treatment that I have, prior to participating at Laser Eclipse.
- 6) I agree to allow Laser Eclipse to use my contact information for their administrative and marketing purposes only. I understand that Laser Eclipse will not sell, distribute, or release this information to anyone.

By signing below, I acknowledge that playing Laser Eclipse laser tag and climbing the Rock is a physical activity, which I judge myself fit to do, and that I have read and fully understand this waiver form.

**PLEASE PRINT CLEARLY!**

\_\_\_\_\_  
Name of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address:

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone # (include area code)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Male / Female

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent / Legal Guardian Signature

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www.lasereclipse.com

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