the WARGAME COMPANY (devon)

**MINOR RELEASE FOR OUTDOOR LASER GAMES(8-17yrs)**

**Name of Player**: ………......................……………………………….......................... **AGE**: ...............

I sign this document as Legal Guardian/Parent in consideration of being given the opportunity for the above named player to engage in the activity

**I UNDERSTAND THAT:**

1. The game is physically and mentally demanding and may require extreme exertion to play

2. The game is played in woodland, containing commonplace risks such as rabbit and fox holes, fallen foliage, trees, stumps, roots, ditches, rough terrain and manmade obstacles and buildings presenting hazards to the participants

3. Suitable footwear with good tread and ankle support is recommended

**I CONFIRM AND AGREE THAT:**

1. I am fully aware of the risks and that the player is physically fit and mentally able to undertake this activity and does not have any pre-existing medical conditions that may be aggravated by participating in this activity (This would include high blood pressure, epilepsy, back problems, neck problems, or any heart condition).

2. I will ensure that he/she will comply with all the Laser Games rules and use the equipment as instructed and not so as to injure or hurt others

3. I will ensure that he/she will comply with the instructions given by the Marshals

4. I will ensure that he/she will listen and abide by the Health & Safety talk given at the beginning of the game

5. The player is a minimum

**RELEASE**

I have read and fully understand all the terms of this document, and confirm I am not relying on any statements or representations by any person or entity as an inducement, to my fully and voluntarily permitting the player to engage in the Laser game, assuming the risks and obligations stated above and signing this document

Parent/Guardian Name: …………………………………........................................................................

Tel: ………………………………………....................................

Home Address:

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………………………………………...................................................................Post Code:…...………...

Signature of Parent/Guardian........................ ……………………………..………………………… Date: ………./………./……….

The signing of this form does not affect your statutory rights