



LASER COMBAT GAMES

PARENTAL CONSENT FORM

Dear Parent / Guardian, We would be grateful if you would complete and sign the consent form below. This form must accompany your child and be handed in on arrival at the centre.

I the undersigned, being the parent / guardian of:-

NAME OF PARTICIPANT:

.....

DATE OF BIRTH OF PARTICIPANT:/...../.....

Hereby give my consent for the above to take part in Laser Combat Games at the Zap Combat Centre on:

PLAY DATE:/...../.....

I UNDERSTAND THAT:

Laser Games is an active sporting game involving the elimination of opponents via a harmless infra-red signal from a laser gun. I recognise that there may be hazards on site; fallen trees, dead branches, sharp objects, holes etc. The game can be dangerous if not played in accordance with the rules.

I have instructed my child to conform to all safety rules in force on the site and to obey all marshals safety rules and instructions. I hereby give my consent for participation and absolve NRG Leisure Ltd, Zap Combat Centre their servants and agents in respect of personal injury save where caused by the negligence of NRG Leisure Ltd, Zap Combat Centre their servants and agents and in respect of any damage to property or goods howsoever this may arise or be caused. I confirm that I am 18 years of age or over and am the legal parent /guardian of the above. I agree to pay £250 to NRG Leisure Ltd in the event that the equipment hired to play at Zap Combat Centre is not returned at the end of the day to Zap Combat Centre. I agree for the representatives and/or employees of NRG Leisure Ltd, Zap Combat Centre, may take photographs or videos of your child at this event for use in electronic and printed publications, as well possibly forwarding to news media. This is to help promote the company and its services. I authorise NRG Leisure Ltd, Zap Combat Centre to copyright, use and publish photographs or videos, or adaptations of the same, in print and/or electronically

I confirm that I believe my child to be physically fit and able to participate in the game and recognise that the game may require a high level of exertion. I also agree to declare to the centre manager, any illness's such as asthma, heart disease etc as they may be aggravated by playing Laser. Please specify below,

.....

I have read and fully understand all the terms of this document and confirm that I am not relying on any statements or representations by any person or entity as inducement to my fully and voluntarily engaging in Zap Combat Centre assuming the risks and obligations stated above and signing this document.

Violation of our safety regulations will result in the exclusion of the offending player/s from the games.

All players must be SIX years or older. Zap Combat Centre staff reserve the right to refuse entry

SIGNED: **DATE OF BIRTH:**/...../.....

PRINT NAME: **DATED:**

CONTACT NUMBER: **EMAIL:**

Your details will be added to our database for future offers and events held with Zap Combat Centre. Nrg Leisure Ltd, Zap Combat Centre agrees not to pass these details onto any third parties for marketing purposes. Please cross box if you do not give permission for your details to be added

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