

Berlin Activities Guest Waiver

For the use of non-member laser tag and open gym only

Date: _____

Student's Name: _____

Sex: _____ Age: _____ Date of Birth: _____

Parent's Name: _____ Cell Phone #: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

E-Mail Address: _____

Parental release: I, parent or legal guardian of the above child, hereby give approval and permission in any and all risk and hazard. Incidental to such participation and do hereby waive, release, absolve, indemnify, and agree to hold harmless Twisters Inc., the employees, owners, supervisors, coaching instructors, and any subcontractors working with Twisters Inc. If my child has any physical condition that may impair their ability to engage in these activities, I will consult my physician prior to undertaking any physical exercise program. If necessary, I authorize Twisters Inc. to administer first aid and/or authorize medical treatment. Students are expected to carry their own medical and accident insurance. In signing, below, I agree to be responsible for any medical bills incurred during my child's participation at Twisters Inc. I give my permission for Twisters Inc. to take and use any photos of my child for the purpose of advertising or website use. This waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. By signing this release, I understand the policies and liabilities that may occur in sports activities. I understand there are no refunds or credits given. In the event of a legal dispute, I will pay all Twisters Inc. legal fees.

Parent Signature: _____