

# Lasergaming Uk Ltd - Lasergaming Activity Disclaimer – Under 18's

***This disclaimer form covers Lasergaming activities that are provided at Culham Adventure Park, Furze Brake Woodland, Culham Oxfordshire, OX14 3DA***

The Parents/Legal Guardian of the child named below must fill out this form. NO FORM – NO PLAY

Child's Full Name: \_\_\_\_\_ Age \_\_\_\_\_

Child's Full Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Parents Home Tel No: \_\_\_\_\_ Email address for offers \_\_\_\_\_

Child's D/O/B \_\_\_\_\_ Attending a session on (Date) \_\_\_\_\_

Person to contact in an Emergency \_\_\_\_\_ MobTel No: \_\_\_\_\_

Medical Statement to be completed by parents/legal guardians for child named above. Please circle answers.

Is your child Fit and Healthy and able to participate in the named activities? YES NO

Please answer the following questions by circling the answer, if you answer **yes** to any of the questions; please provide further details below in the space provided.

Does your child have any conditions that require treatment or Medication? YES NO

Does your child have any of the following?

- |                                       |     |    |
|---------------------------------------|-----|----|
| • Any Major illness                   | YES | NO |
| • Blackouts/Headaches/Dizziness       | YES | NO |
| • Allergies to Bites/Food or medicine | YES | NO |
| • Asthma*see below/Bronchial illness  | YES | NO |
| • Pregnancy                           | YES | NO |
| • Recent injuries/operations          | YES | NO |
| • Food Requirements**e.g. Vegetarian  | YES | NO |
| • Recent injuries/operations          | YES | NO |
| • Epilepsy                            | YES | NO |
| • Diabetes                            | YES | NO |
| • Heart complaints                    | YES | NO |
| • Back/Neck complaints                | YES | NO |
| • Food Allergies ** see below/        | YES | NO |
| • Learning disabilities               | YES | NO |
| • Physical disabilities               | YES | NO |
| • Any other                           | YES | NO |

\*Please note that we cannot allow players with Asthma to participate if they are not carrying an inhaler with them in the event they may need it.

If answered YES, please provide information \_\_\_\_\_

\_\_\_\_\_ please continue overleaf

## **Disclaimer Notice – MUST BE COMPLETED BY PARENTS/GUARDIAN OF CHILD NAMED ABOVE IN ORDER TO PLAY**

Laser Tag/Lasergaming and our activities names above are physical, outdoor, all weather activities, which obviously has inherent hazards, associated with it. Whilst Laser gaming UK LTD take all necessary precautions to try and ensure safety of all participants, unfortunately Accidents, trips, falls, collisions may occur in consequence. Our activities take place in a woodland with tree stumps, uneven & Slippery ground, surfaces, loose branches, Roots, dead wood, props, Mud, and structures etc in all weathers, in the day and at night. Each Participant should familiarize themselves with the hazards and try and minimize these as much as possible by complying with our risk management guidelines, rules of the game, Safety briefs, instructions and guidelines. Please ensure all participants wear suitable clothing and footwear. The management accepts no responsibility whatsoever for any loss or injury Resulting from any person's involvement in Lasergaming or any of our outdoor activities named above. Furthermore, it is understood and agreed that Individuals participate at their own risk. For under 18's, we require a parent to sign the disclaimer. I accept that there is a risk of injury when undertaking such activities. I confirm that I do not know of any medical condition that my child suffers from which might have the effect of making it more likely that my child be involved in an incident, which could result in injury to themselves or others. I acknowledge and confirm that I have read and understood the Company's Terms and Conditions, Safety Instructions and Disclaimer and I accept the terms contained therein. Photographs may be taken during the session and these will be used for marketing our services on social media and our website. I declare that if I am not the parent or guardian of the Child, I have authority from the Child's parent or guardian to sign this consent form and I consent to emergency medical treatment being given if deemed necessary during the activity

Signed \_\_\_\_\_ Date \_\_\_\_\_