

## ACKNOWLEDGEMENT AND RELEASE FOR LASERCRAZE OF NEW ENGLAND ONLY

In consideration of participating in the recreational activities offered by LaserCraze you hereby acknowledge, on behalf of yourself and your children, the following:

- 1. That you are only authorized to use the LASERCRAZE premises and facilities upon the proper execution of this document.
- 2. That you have read this entire document and completely understand its contents. You also acknowledge that any questions about the content of this document or use of the premises and facilities have been answered by a representative of LASERCRAZE.
- 3. That you acknowledge that the owners and operators of LASERCRAZE have employed diligent efforts and care in making the facilities and premises as safe as possible; and that despite the foregoing efforts, you understand that there are, nevertheless, certain inherent risks in using the facilities and premises. Among these risks are possible trips, falls, collisions with other people or objects, etc. You specifically acknowledge the existence of these risks and agree, for yourself and the participant(s) named below, to the use of the premises and facilities with the full understanding of the same.
- 4. That if you, your children, or your property are injured while using the premises and facilities as a result of the inherent risks and dangers mentioned above, you agree to RELEASE, INDEMNIFY AND HOLD LASERCRAZE HARMLESS FROM SAID INJURIES OR ANY COSTS OR EXPENSES ASSOCIATED THEREWITH EVEN IF THEY WERE CAUSED BY THE AFFIRMATIVE NEGLIGENCE OF LASERCRAZE or any of its employees, agents, or representatives, or owners.
- 5. That you agree to obey all rules and regulations for the use of these facilities and premises, which are posted throughout the premises, and the directions, if any, given by LASERCRAZE'S representatives either before, during or after use of the facilities.
- 6. I agree that this agreement is binding on me and I represent that I have the authority to execute this agreement on behalf of the minor children below.

## DO NOT SIGN THIS ACKNOWLEDGEMENT AND RELEASE UNLESS YOU HAVE READ IT AND UNDERSTAND IT. IF YOU DON'T UNDERSTAND IT, ASK A LASERCRAZE REPRESENTATIVE FOR ASSISTANCE.

Participant Name:	Participant Date of Birth//
Participant Name:	Participant Date of Birth//
Participant Name:	Participant Date of Birth//
Participant Name:	Participant Date of Birth//
Participant/Legal Guardian Signature:	Date://
Participant/Legal Guardian Printed Name:	
Emergency Contact Phone #:	