"ALIAS" or "Code Name"  ShadowLand Player Waiver	"ALIAS" or "Code Name" <b>Sha</b>				
NAME (first)	NAME (first)				
Name (last)	Name (last)				
ADDRESS CITY	ADDRESS				
ZIP Date of BIRTH: month day year	ZIP Date of				
YES! Sign me into The ShadowLand VIP "Deals" Club for valuable coupons	YES! Sign me into The ShadowLand				
each month (email address) :	coupons each month (email)				
Participation at ShadowLand involves physical activity. As devoted as we are to your safety, like other physical activities (such as roller-skating, skiing), your safety is, in large part, dependent on your attitude and willingness to follow the posted rules.	Participation at ShadowLand involves p your safety, like other physical activitie is, in large part, dependent on your attitu				
By signing this agreement you understand this is between "you" (the player and your affiliates) and "us" (ShadowLand Laser Adventures, its owners, employees, builders, manufacturers, designers). You wish to participate in adventures at ShadowLand now and in the future. You agree that whenever you are at ShadowLand:	By signing this agreement you understa affiliates) and "us" (ShadowLand Laser manufacturers, designers). You wish to now and in the future. You agree that				
1. Code of Conduct. You will play at ShadowLand according to the posted rules and instructions given by staff members. You accept responsibility for damages you cause at ShadowLand. You will report any injury before leaving.	1. Code of Conduct. You will play at Shad instructions given by staff members. You ac ShadowLand. You will report any injury bet				
2. <b>Risk of participation</b> . You understand that participation involves physical activity that could result in injury. Some risks include contact with other players or walls in the arena. You assume all risks of injury. The arena is supervised, but portions of the arena are not supervised continuously.	2. <b>Risk of participation</b> . You understand the could result in injury. Some risks include con You assume all risks of injury. The Arena is supervised continuously.				
3. <b>Waiver.</b> You release us from any liability for losses that may arise out of your participation at ShadowLand except for losses that may result from our gross negligence.	3. <b>Waiver.</b> You release us from any liability at ShadowLand except for losses that may re				
4. Use of images. You grant us the right to use any photos and/or other digital reproductions taken of the participant solely for publicity purposes including print media, ShadowLand websites, and social media sites, indefinitely, without payment or any other consideration.	4. <b>Use of images</b> . You grant us the right to utaken of the participant solely for publicity websites, and social media sites, indefinitely				
5. <b>Medical and Physical Problems</b> . Adventures take place in a darkened, carpeted, fog-filled arena with ramps. Certain medical conditions including asthma, epilepsy and seizure disorders can be exacerbated or triggered by laser tag and all appropriate care should be taken by participants. Players with other medical conditions will inform ShadowLand managers prior to purchasing games.	5. Medical and Physical Problems. Adven Arena with ramps. Certain medical conditio can be exacerbated or triggered by laser tag participants. Players with other medical con purchasing games.				
6. <b>Indemnity Agreement</b> . You will indemnify and defend us from any claims, liability, damages or suits made by anyone arising out of your activity and/or conduct at ShadowLand, (including all fees thereby incurred by us).	6. <b>Indemnity Agreement</b> . You will indem damages or suits made by anyone arising ou (including all fees thereby incurred by us).				
You have read and understand this agreement and waiver. If you are under 18yrs old, you have discussed the contents of the document with your parent or guardian and have their consent to sign it and participate in this activity.	You have read and understand this agreemed discussed the contents of the document with sign it and participate in this activity.				
(If under 18 yrs - Parent, guardian or Party Chaperone must sign to participate	(If under 18 yrs - Parent, guardian or Part				
Signature : Date :	Signature :				

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Signature:			Ī	Date						