

# AKA DES MOINES COMBAT ENTERTAINMENT

**"WHERE SKILL GOES BEYOND THE SCREEN"**

**338 SW 6<sup>TH</sup> ST. DES MOINES IA 50309**

## TACTICAL LASER TAG

EACH INDIVIDUAL MUST READ AND SIGN THIS RELEASE OF LIABILITY AND CONSENT FORM FOR RISK OF INJURY/USE OF PHOTO/VIDEO IMAGES TO PARTICIPATE IN ANY LASER TAG ANYWHERE ACTIVITY

THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY LASER TAG mission

PARTICIPANT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

IN CONSIDERATION of being permitted to participate in any way in the sport and activities of AKA Tactical Laser Tag, I the undersigned agree and acknowledge that: there is risk of injury, including a potential for permanent disability or death resulting from the participation in these activities or from the equipment involved,

I agree to fully comply with all rules, regulations and policies during my participation and understand AKA Tactical Laser Tag reserves the right to remove me for failing to follow the same, without refund,

I hereby grant Management reproduction rights to use my name and likeness in all media, including the internet for any purpose without further compensation to me,

I understand that there may be photos and/or video taken of me and that these images may be used for advertising by AKA Tactical Laser Tag. These images will be used only in good taste and in an ethical manner. I approve and give full consent to such use of my image,

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin hereby release and hold harmless AKA Tactical Laser Tag their officers, officials, agents, employees or the property owners from any and all liability for injury, disability, death, loss of damage to personal property,

I acknowledge, understand and agree that I have read this release of liability and assume all risk associated with participating and that I sign this release of liability voluntarily and without inducement.

\_\_\_\_\_  
Player's Name (print)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Player's Signature

\_\_\_\_\_  
Date

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Email Address (optional-used only for AKA Tactical Laser Tag email updates or specials)

### MINOR AGED PARTICIPANTS

All Players under the age of 18 at the time of participation must have a parent or guardian sign below.

I certify that I am the parent or guardian with legal responsibility for the above signed participant and agree to his/her release. I also agree to indemnify the above named companies and individuals, from all liabilities resulting from his/her participation in these activities for myself, my heirs, assigns and next of kin.

\_\_\_\_\_  
Parent/Guardian's Signature

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

\_\_\_\_\_  
Parent/Guardian's Name (please print)

\_\_\_\_\_  
Phone