

**WAIVER FORM THIS IS A RELEASE OF LIABILITY**  
**– PLEASE READ BEFORE SIGNING –**

\_\_\_\_\_  
**PARTICIPANT'S NAME**

\_\_\_\_\_  
**DATE OF BIRTH**

IN CONSIDERATION of being permitted to participate in any way in the sport and activities of Laser Tag and/or Archery Tag® under the auspices of Titan Action Games., I acknowledge, appreciate, and agree that:

1. The risk of injury from the activity and equipment of Titan Action Games is very MINIMAL; however the risk of serious injury always exists therefore;

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation; and,

3. I understand that the activities of Laser Tag and Archery Tag® can be physically and mentally intense to some. I understand the rules of play and will comply with all the rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practical; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Titan Action Games., THE OWNERS AND LESSORS OF PREMISES USED TO CONDUCT THE LASER TAG and/or Archery Tag® ACTIVITIES, THEIR OFFICERS, OFFICIALS, AGENTS, AND/OR EMPLOYEES ("RELEASEES"). WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

5. I understand and agree that this Release of Liability Agreement covers each and every Laser Tag and/or Archery Tag® activity and event in which I participate hereafter. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X\_\_\_\_\_ Date Signed\_\_\_\_\_ Phone#\_\_\_\_\_  
**PARTICIPANT'S SIGNATURE**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**CITY**

\_\_\_\_\_  
**PROVINCE**

\_\_\_\_\_  
**POSTAL CODE**

\_\_\_\_\_  
**EMAIL ADDRESS**

- ☐ I'd like to receive email marketing information such as upcoming events or tournament information, exclusive discounts, and other news regarding Titan Action Games

## FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of Titan Action Games. and all other releases but also to release and indemnify the releases from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

X \_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
EMERGENCY PHONE #

\_\_\_\_\_  
Date signed

## PARTICIPANT PHOTOGRAPHS, VIDEOS, AND/OR SOUND RECORDINGS OPT-OUT

A participant (or Parent/Guardian in the case of a minor) may withhold permission to have themselves photographed, videotaped, and/or audiotaped during any experiences hosted by Titan Action Games. I understand that if I opt-out, I (or *my child* in case of a minor) will not be included in pictures/video taken by staff, including commercial photographers or videographers present on behalf of Titan Action Games.

**Note: This does not cover photo/video taken by anyone outside of the above mentioned Titan Action Games staff or commercial media members hired by Titan Action Games for special events.**

If you do not wish for yourself (or your child if signing as a Parent/Guardian) to be photographed, videotaped and/or audiotaped, check the box below and sign:

☐ DO NOT allow myself (or my child) to be photographed, videotaped and/or audio taped during Titan Action Games experiences.

X \_\_\_\_\_  
ATTENDEE SIGNATURE

X \_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE (IF SIGNING ON BEHALF OF A MINOR)

\_\_\_\_\_  
Date signed