



PLAYER APPLICATION

EACH PERSON MUST BRING A COMPLETED & SIGNED PLAYER APPLICATION

1. I, THE UNDERSIGNED WISH TO PLAY THE GAMES AT THE XP Laser Sport ENTER-TAINMENT COMPLEX.

2. AS THE PARTICIPANT, I:

A. UNDERSTAND THAT PARTICIPATION IN THE "XP Laser Sport" IN-VOLVES PHYSICAL ACTIVITY THAT COULD RESULT IN INJURY TO ME. I ASSUME FULL RESPONSIBILITY FOR ANY INJURIES OR DAMAGES WHICH MAY OCCUR TO OR BE CAUSED BY ME IN, ON OR ABOUT THE GAME'S PREMISES FROM ANY CAUSE, INCLUDING, WITHOUT LIMITATION, THE FAULT OF XP Laser Sport, ITS OWN-ERS, EMPLOYEES OR AGENTS, AND COMPLETELY RELEASE AND DISCHARGE XP Laser Sport AND ALL ASSOCIATED OUTLETS, ITS AND THEIR OWNERS, EMPLOYEES OR AGENTS FROM ALL CLAIMS, DAMAGES OR OTHER LIABILITIES PRESENT OR FUTURE, WHETHER KNOWN OR ANTICIPATED THAT MAY RESULT FROM OR ARISE OUT OF MY INVOLVEMENT OR PARTICIPATION IN THE USE OR INTENDED USE OF THE GAME OR THE PREMISES, FACILITIES AND EQUIPMENT RELATED THERETO.

B. AGREE TO PLAY XP Laser Sport ACCORDING TO THE RULES AND INSTRUCTIONS GIVEN TO ME BY ANY MEMBERS OF THE XP Laser Sport STAFF. I ACKNOWLEDGE THAT XP Laser Sport ACCEPTS NO RESPONSIBILITY FOR ANY ACT OR THING DONE BY ME WHICH IS NOT IN ACCORDANCE WITH THE RULES AND INSTRUCTIONS.

C. ACCEPT FULL RESPONSIBILITY FOR ANY DAMAGE TO THE XP Laser Sport PREMISES, FACILITIES, AND/OR EQUIPMENT CAUSED BY ME.

D. AGREE TO INFORM A MEMBER OF THE XP Laser Sport STAFF OF ANY MEDICAL CONDITION OR TREATMENT THAT I HAVE, PRIOR TO PARTICIPATING IN XP Laser Sport.

E. AGREE TO ALLOW XP Laser Sport TO EMPLOY ANY AUDIO, VIDEO, OR PHOTOGRAPHS TAKEN OF HIM OR HER WHILE ON THE PREMISES FOR PUBLICITY PURPOSES.

First Name: _____

Last Name: _____

Codename: _____ (10 Letters Maximum)

Address: _____

City: _____ State: _____

Zipcode: _____ Date of Birth: ____/____/____

Telephone: (____) _____ Age: _____

E-Mail (Optional): _____

HAVING REGISTERED AS A XP PLAYER, I ACKNOWLEDGE THAT THE XP LASER SPORT IS A PHYSICAL ACTIVITY WHICH I JUDGE MYSELF FIT AND SUITABLY DRESSED TO PLAY. I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE WAIVER ON THE OTHER SIDE OF THIS FORM. AND I AC-KNOWLEDGE THAT IF I AM UNDER 18 YEARS OF AGE, I HAVE DISCUSSED THE TERMS AND CONDITIONS OF THIS WAIVER WITH MY PARENTS OR LE-GAL GUARDIAN AND THEY HAVE CONSENTED TO THIS WAIVER.

Signature Of Player

Date