

LASER TAG WAIVER FORM

I _____

As parent/guardian of;
(PRINT NAME) _____

Permit she/he to take part in Quasar Laser Tag at Bray Bowl.

I have been advised by staff/management at Bray Bowl that the game of Quasar can pose a danger to health to those that suffer from a heart defect or asthma. I understand that playing Quasar can lead to an asthma attack, an epileptic fit, heart failure, serious injury or death. I the above accept full responsibility & understand that Quasar Laser Tag at Bray Bowl are in no way liable for anything that may occur while on the premises

Signed: _____

Date: _____

