Please read carefully: This is a legal document.

Liability Release Waiver Agreement between Three Rivers Public Library District (hereinafter referred to as “Operator”) and __________________________ (player’s name).

IN RETURN FOR THE USE OF THE FACILITIES AND/OR ANY OTHER CONSIDERATIONS, I STATE AND AGREE THAT:
I am aware that I am participating in an activity (hereinafter referred to as “Laser Tag”) which is physically and mentally strenuous, involving possible risk of injury from tripping or falling on the playing field and its environs. I certify to the Operator that I am in good health and do not suffer from a heart condition or any other ailment, which could be exacerbated by the exertion involved in playing Laser Tag. Despite these and other risks, and fully understanding those risks, I warrant to the Operator that I wish to play Laser Tag and assume total responsibility for any risk or injury while participating the game.

I undertake to play Laser Tag only in accordance with the safety instructions, rules and guidelines which the Operator lays out and which I hereby acknowledge as having read and understood.

I am aware that the Operator does not warrant the condition or safety of equipment, facilities or premises, natural and constructed, or the availability of emergency medical care, connected with Laser Tag. I hereby for myself, heirs, executive administrators, successors and assignees, RELEASE, REMISE and FOREVER DISCHARGE from any claims and liabilities whatsoever that I might have against the Operator, staff and the owners of the property upon which the Laser Tag is played and against all liability, actions, claims, costs (including legal costs), damages, and suits arising out of or related to this Agreement shall be settles by parties binding arbitration in accordance with the Rules of the American Arbitration Association. The parties agree to the selection of one (1) arbitrator. Any such claim or controversy shall be arbitrated on an individual basis and shall not be consolidated with the claim of any other party.

I also grant permission to the Operator and its agents to use my image(s) in connection with any photographic or recorded video reproduction of the event in whole or in part. I acknowledge that the forgoing waiver is intended to be as broad and inclusive as is permitted by the law of the State of Illinois, and that if any portion thereof is held to be invalid, the balance shall, nevertheless, continue in full legal force and effect.

I HEREBY CERTIFY:
a) That I am in good mental and physical health. Since I am under the age of 19, I will have a parent’s or guardian’s signature giving permission for me to participate in Laser Tag.
b) That I have read and understood this waiver in its entirety, that I have executed same of my own free will and without duress, that I recognize the document as legal and binding, and that I agree to this waiver/consent form being in force for the calendar year of 20____.

Signature of Player- ____________________________ Date- _________________

Consent of Parent or Guardian (required in order to participate):
I, _______________________________________ (print name of Parent or Guardian), Parent and/or Guardian of the minor Player, and having read and understood this waiver in its entirety, do hereby agree both on behalf of myself and said Player and his and my heirs, assigns and legal representatives, to all the terms and conditions in this document.

Parent or Guardian Signature- ____________________________ Date- _________________

During the event, I can be reached at:
Phone Number- ________________________