



Participant Form Laser Tag – over 18s

Please fill out this form clearly before attending your event

Full Name: _____ Organisation: _____

Address: _____

_____ Post Code _____

Home/Mobile Tel No: _____ Email address: _____

Attending a session on (Date) _____ Time _____

Person to contact in an Emergency _____ Mob Tel No: _____

Medical Statement, please complete carefully, if you answer YES, please provide further details,
Please complete ALL answers accurately.

Are you Fit and Healthy and able to participate in the named activities?

Please answer the following questions by completing the answers, if you answer yes to any of the questions; please provide further details below in the space provided below.

Do you have any of the following?

- Any Major illness
- Blackouts/Headaches/Dizziness
- Allergies to Bites/Food or medicine
- Asthma/Bronchial illness
- Pregnancy
- Recent injuries/operations
- Epilepsy
- Diabetes
- Heart complaints
- Back/Neck complaints
- Learning disabilities

If answered YES, please provide information

Disclaimer Notice – MUST BE COMPLETED IN ORDER TO PLAY

Laser Tag and our team building activities are physical, outdoor, all weather activities, which obviously have inherent hazards, associated with them. Whilst BattleSports Ltd take all necessary precautions to try and ensure safety of all participants, unfortunately accidents, trips, falls, sprains, collisions may occur in consequence. Our activities take place on uneven & slippery ground, surfaces, loose branches, roots, dead wood, props, mud, and structures etc in all weathers. Each Participant should familiarize themselves with the hazards and try and minimize these as much as possible by complying with our risk management guidelines, rules of the game, safety briefs, instructions and guidelines.

Please ensure you wear suitable clothing and footwear, trainers or walking boots only. The management accepts no responsibility whatsoever for any loss or injury resulting from any person’s involvement in Laser Tag or any of our outdoor activities. Furthermore, it is understood and agreed that Individuals participate at their own risk.

I accept that there is a risk of injury when undertaking such activities as these. I confirm that I do not know of any medical condition that I suffer from or may have had which might have the effect of making it more likely that I be involved in an incident, which could result in injury to myself or others. I acknowledge and confirm that I have read and understood the Company’s Terms and Conditions, Safety Instructions and Disclaimer and I accept the terms contained therein. Photographs may be taken during the session and these will be used for marketing our services on social media and our website. I consent to emergency medical treatment being given if deemed necessary during the activity I fully understand the risks involved in participating in Laser Tag and the other named activities above and I have read the above.

Signed..... Date.....