

LASER TAG PERMISSION FORM

This form is necessary to participate in the Paris-Bourbon County Library's Laser Tag program for teens. Parents must sign this form for all participants under the age of 18.

Player Name: _____ **Date of Birth:** _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

The player understands that:

- Laser tag can be physically and mentally demanding, with a fast-paced experience.
- The possibility of injury to myself and others exists.

The player confirms that:

- I am fully aware to the risks to myself and others and I will never deliberately break any rules or disobey staff directions.
- I will only use the laser tag equipment as instructed.

Release:

I release from all claims and liabilities that I might have against the Paris-Bourbon County Library as a result of the Teen Laser Tag event.

Parent/Guardian Signature (If Player Under 18): _____

Player Signature (If Player is 18): _____

Do you/your child have any allergies? Do they need any special accommodations? Please describe them below. Staff will try to accommodate students as much as possible.