TAG WARRIORS LLC

MOBILE LASER TAG LIABILITY WAIVER, ASSUMPTION OF RISK & RELEASE OF LIABILITY (OHIO)

Participant Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Event Date: _____

Event Location: _____

ASSUMPTION OF RISK

I understand that participation in laser tag activities involves inherent risks, including but not limited to running, jumping, crouching, slips, trips, falls, collisions with players or obstacles, uneven terrain, weather conditions, equipment failure, and other hazards that may result in injury, disability, or death. I voluntarily choose to participate and knowingly assume all risks associated with these activities.

MEDICAL AUTHORIZATION

I certify that I am physically capable of participating. I authorize Tag Warriors LLC to obtain emergency medical treatment if necessary and understand that I am responsible for all medical expenses incurred.

SAFETY RULES

I agree to follow all instructions provided by Tag Warriors LLC staff, use equipment only as intended, avoid physical contact with other participants, refrain from reckless or dangerous behavior, and not intentionally damage equipment or property. I understand that failure to follow safety rules may result in removal from the activity without refund.

RELEASE OF LIABILITY

In consideration for being allowed to participate, I voluntarily release, waive, and hold harmless **Tag Warriors LLC**, its owners, employees, contractors, volunteers, agents, affiliates, property owners, and event hosts from any claims, demands, damages, losses, liabilities, costs, or expenses arising from my participation, including claims resulting from ordinary negligence, to the fullest extent permitted by Ohio

law. This release does not apply to gross negligence, reckless conduct, or intentional misconduct where prohibited by law.

PROPERTY DAMAGE

I understand that I may be financially responsible for damage to laser tag equipment caused by intentional misuse, theft, vandalism, or reckless behavior.

PHOTO RELEASE

I authorize Tag Warriors LLC to photograph or record me during the event for promotional, advertising, website, and social media purposes without compensation.

☐ I DO NOT authorize the use of my image.

GOVERNING LAW

This Agreement shall be governed by the laws of the State of Ohio. If any provision is found unenforceable, the remaining provisions shall remain in full force and effect.

ACKNOWLEDGMENT

I certify that I have carefully read this Agreement, understand its contents, understand that I am giving up certain legal rights, and sign it voluntarily.

Participant Signature: _____ Date: _____

If Participant is Under 18:

I am the parent or legal guardian of the above-named minor. I have read and understand this Agreement, consent to the minor's participation, acknowledge the risks involved, and agree to its terms to the fullest extent permitted by Ohio law.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____