

**OUTDOOR ADVENTURE PROGRAM  
PARTICIPANT AGREEMENT AND RELEASE OF LIABILITY  
OUTDOOR LASER TAG**

**Date of Activity:** \_\_\_\_\_

I understand that while the Outdoor Adventure Program strives to provide a safe and enjoyable experience, participating in outdoor activities can be dangerous. Such activities pose a risk of emotional or physical injury, including the possibility of serious bodily injury or death. I also understand that damage to property may occur incident to my participation in this activity.

In consideration of my application, and permitting me to participate in this event; I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release, and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue as a result of my participation in or travel to and from this event; THE FOLLOWING ENTITIES OR PERSONS: The United States Air Force, the United States Air Force Academy, and the Outdoor Adventure Program to include their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, and event volunteers (hereinafter collectively referred to as "OAP"); and (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my participation in, and travel to and from, this event.

I have carefully read and agree with the following statements: **(please initial)**

\_\_\_\_\_ I understand that there are risks associated with outdoor activities, which include, but are not limited to: severe sunburn, dehydration, heat stroke, hypothermia, frost bite, lightning strike, animal attack, drowning, and injuries caused by terrain, facilities, equipment, my own actions or those of other people. I voluntarily accept these risks along with any and all similar risks.

\_\_\_\_\_ I understand that Laser Tag poses special risks, which include, but are not limited to: an increased risk of hot/cold weather injury; getting lost; blisters; and injuries sustained as a result of uneven trail surfaces. I voluntarily accept these risks along with any and all similar risks.

\_\_\_\_\_ I understand that the proper use and wear of safety equipment can greatly reduce the risk of injury. I agree to wear and/or use appropriate safety equipment as directed by law or the OAP staff.

\_\_\_\_\_ I understand that this activity may be physically strenuous and requires a certain level of physical fitness. I am in good physical condition, can meet the rigors of this event, and have not been advised otherwise by a physician. I assume the risks of any medical conditions I may have.

\_\_\_\_\_ I agree to use all provided equipment and supplies as intended and instructed. I also understand that I may be held responsible for the repair or replacement of any equipment, supplies, or facilities that are lost or damaged as a result of my participation in this event.

\_\_\_\_\_ I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in this event, or agree to bear such costs myself.

**PLEASE PRINT NAME ON FRONT AND BACK:** \_\_\_\_\_

**By signing this document, I agree that I understand the potential risks associated with this OAP activity and voluntarily accept them. I also acknowledge that if anyone is hurt or property is damaged during my participation in this activity, or travel to or from it, I may be found by a court of law to have waived my right to maintain a lawsuit against the United States Air Force, the United States Air Force Academy, and OAP on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Participant: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN INDEMNIFICATION OF MINORS  
(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_  
(print minor's names) ("Minor") being permitted by OAP to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless OAP from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Minors Date of Birth: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_ Minors age date of activity: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_