



**826 N. Glendale Ave
Glendale, CA 91206
(818) 241-2900
www.lasertagzone.com**

For a very special person: _____

Date: _____

Time: _____

R.S.V.P. by calling: _____

Please arrive on time as this event ends in exactly two hours!

Permission To Participate

Guest: First & last name: _____

Name of Legal Guardian: _____ Phone #: _____

Signature: _____

I am aware that laser tag game at the Zone Club, Inc. is a physical activity played in a dimly-lit, fog- filled maze containing obstacles, ramps, & other players. I recognize and take full responsibility for the potential for injuries which may occur to or caused by me & all minors under my responsibility as parent/ guardian/responsible adult. I hereby release & waive any and all rights and claims for damages against Zone Club, Inc. and/or its agents and representatives for any injuries or damages in connection with any association with or entry into Zone Club or other activities sponsored by the staff.

Please bring this waiver with you signed by a parent or the legal guardian.

Thank you.
Zone Club Management