

# PLAYER APPLICATION

EACH PERSON MUST BRING A COMPLETED & SIGNED PLAYER APPLICATION

I, THE UNDERSIGNED WISH TO PLAY THE GAMES AT THE Merrimack Valley Pavilion ENTERTAINMENT COMPLEX.

AS THE PARTICIPANT, I:

UNDERSTAND THAT PARTICIPATION IN THE "MVP Laser Tag" IN-VOLVES PHYSICAL ACTIVITY THAT COULD RESULT IN INJURY TO ME. I ASSUME FULL RESPONSIBILITY FOR ANY INJURIES OR DAMAGES WHICH MAY OCCUR TO OR BE CAUSED BY ME IN, ON OR ABOUT THE GAME'S PREMISES FROM ANY CAUSE, INCLUDING, WITHOUT LIMITATION, THE FAULT OF MVP Laser Tag, ITS OWNERS, EMPLOYEES OR AGENTS, AND COMPLETELY RELEASE AND DISCHARGE MVP Laser Tag AND ALL ASSOCIATED OUTLETS, ITS AND THEIR OWNERS, EMPLOYEES OR AGENTS FROM ALL CLAIMS, DAMAGES OR OTHER LIABILITIES PRESENT OR FUTURE, WHETHER KNOWN OR ANTICIPATED THAT MAY RESULT FROM OR ARISE OUT OF MY INVOLVEMENT OR PARTICIPATION IN THE USE OR INTENDED USE OF THE GAME OR THE PREMISES, FACILITIES AND EQUIPMENT RELATED THERETO.

AGREE TO PLAY MVP Laser Tag ACCORDING TO THE RULES AND INSTRUCTIONS GIVEN TO ME BY ANY MEMBERS OF THE MVP Laser Tag STAFF. I ACKNOWLEDGE THAT MVP Laser Tag ACCEPTS NO RESPONSIBILITY FOR ANY ACT OR THING DONE BY ME WHICH IS NOT IN ACCORDANCE WITH THE RULES AND INSTRUCTIONS.

ACCEPT FULL RESPONSIBILITY FOR ANY DAMAGE TO THE MVP Laser Tag PREMISES, FACILITIES, AND/OR EQUIPMENT CAUSED BY ME.

AGREE TO INFORM A MEMBER OF THE MVP Laser Tag STAFF OF ANY MEDICAL CONDITION OR TREATMENT THAT I HAVE, PRIOR TO PARTICIPATING IN MVP Laser Tag.

AGREE TO ALLOW MVP Laser Tag TO EMPLOY ANY AUDIO, VIDEO, OR PHOTOGRAPHS TAKEN OF HIM OR HER WHILE ON THE PREMISES FOR PUBLICITY PURPOSES.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip code: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone:(\_\_\_\_)\_\_\_\_\_ Age: \_\_\_\_\_

E-Mail (Specials and Promos): \_\_\_\_\_

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HAVING REGISTERED AS A MVP PLAYER, I ACKNOWLEDGE THAT THE MVP LASER TAG IS A PHYSICAL ACTIVITY WHICH I JUDGE MYSELF FIT AND SUITABLY DRESSED TO PLAY. I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS WAIVER. I ACKNOWLEDGE THAT IF I AM UNDER 18 YEARS OF AGE, I HAVE DISCUSSED THE TERMS AND CONDITIONS OF THIS WAIVER WITH MY PARENTS OR LEGAL GUARDIAN AND THEY HAVE CONSENTED TO THIS WAIVER.

\_\_\_\_\_  
Signature of Player

\_\_\_\_\_  
Date

# PLAYER APPLICATION

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I, THE UNDERSIGNED WISH TO PLAY THE GAMES AT THE Merrimack Valley Pavilion Laser Tag ENTERTAINMENT COMPLEX.

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City: \_\_\_\_\_ State: \_\_\_\_\_

Zip code: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Signature of Player

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Date