

Gaithersburg Youth Center Trip (Grades 6-8)

LASER TAG

Monday, Jan 28

9am—2pm



GYC ROBERTSON PARK
801 RABBITT RD.
GAITHERSBURG, MD 20878

GYC OLDE TOWNE
301 TEACHERS WAY
GAITHERSBURG, MD 20877

ACTIVITY CENTER BOHRER PARK
506 S. FREDERICK AVE.
GAITHERSBURG, MD 20877

SHADOWLAND LASER TAG
5500 BUCKEYSTOWN PIKE
FREDERICK, MD 21703

**THE TRIP WILL LEAVE FROM THE BOHRER PARK ACTIVITY CENTER AT 9:00AM
AND RETURN TO THE GYC BY 2:00PM**

Trip participants are welcome to stay at the GYC until it closes at 6:00pm.

Please fill out the waiver on the back of this form

Registration Information:

Return Permission Slip &
Payment to
City of Gaithersburg:

Activity Center/GYC Trip
506 S. Frederick Ave.
Gaithersburg, MD 20877

Or fax form to 301-948-8364

Checks made payable to the
City of Gaithersburg. Visa,
Disc., MasterCard, & AMEX
accepted.



Questions? Call Maura Dinwiddie or Jake Hersom at 301-258-6350
Gaithersburg Parks, Recreation & Culture - Move...Play...Grow

Laser Tag 7159

Parent's Last Name _____ Parent's First Name _____
Address _____ City/State/Zip _____
Home Phone _____ Work Phone _____ Email _____

Participant's Name	Birthdate M/D/Y	Activity Name	Activity #	Date	Grade	School	Fee
		Laser Tag	7159	1/28/19			\$20

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

Print Parent/Guardian Name

Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? Y N

Please specify: _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made prior to the start of the program. Please call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ _____ Cash Check # _____
 Visa/MC/DISC/AMEX# _____ Exp. Date ____/____/____
 Signature (name on card) _____
 Print Name _____

Office Use Only: 7159
 Rec'd: _____ Initials _____
 W P M F Resident: Y N
 Pr: _____ Date: _____

“ALIAS” or “Code Name”

ShadowLand Player Waiver

NAME (first)

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Name (last)

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ADDRESS

CITY

ZIP

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Date of BIRTH:

month day year

Participation at ShadowLand involves physical activity. As devoted as we are to your safety, like other physical activities (such as roller-skating, skiing), your safety is, in large part, dependent on your attitude and willingness to follow the posted rules.

By signing this agreement you understand this is between “you” (the player and your affiliates) and “us” (ShadowLand Laser Adventures, its owners, employees, builders, manufacturers, designers). You wish to participate in adventures at ShadowLand now and in the future. **You agree that whenever you are at ShadowLand :**

- 1. Code of Conduct.** You will play at ShadowLand according to the posted rules or instructions given by staff members. You accept responsibility for damages you cause at ShadowLand. You will report any injury before leaving.
- 2. Risk of participation.** You understand that participation involves physical activity that could result in injury. Some risks include contact with other players or walls in the Arena. You assume all risks of injury. The Arena is supervised, but portions of the Arena are not supervised continuously.
- 3. Waiver.** You release us from any liability for losses that may arise out of your participation at ShadowLand except for losses that may result from our gross negligence.
- 4. Use of images.** You grant us the right to use any photos and/or other digital reproductions taken of the participant solely for publicity purposes including print or ShadowLand websites.
- 5. Medical and Physical Problems.** Adventures take place in a darkened, carpeted, fog-filled Arena with ramps. Certain medical conditions including asthma, epilepsy and seizure disorders can be exacerbated or triggered by laser tag and all appropriate care should be taken by participants. Players with other medical conditions will inform ShadowLand managers prior to purchasing games.
- 6. Indemnity Agreement.** You will indemnify and defend us from any claims, liability, damages or suits made by anyone arising out of your activity and/or conduct at ShadowLand, (including all fees thereby incurred by us).

You have read and understand this agreement and waiver. If you are under 18yrs old, you have discussed the contents of the document with your parent or guardian and have their consent to sign it and participate in this activity.

(If under 18 yrs - **Parent, guardian or Party Chaperone must sign to participate**

Signature :

Date :