SPECIALTY INSURANCE LLC

Industry Insurance Programs

Volt Family Fun LLC = VFF

Phone: (701) 301-3762

RELEASE OF LIABILITY, INDEMNITY AND ASSUMPTION OF RISK READ BEFORE SIGNING

IN CONSIDERATION of being permitted to participate in any Laser Tag activities including, but not limited to, playing, using the premises of, renting and operating equipment leased, sanctioned and/or operated by the above named vendor, I acknowledge and agree that:

I fully understand and acknowledge that; (a) risks and dangers exist in my use of Laser Tag equipment and my participation in Laser Tag activities; (b) my participation in such activities and/or use of such equipment may result in my injury or illness including but not limited to bodily injury, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of VFF; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of VFF, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify VFF and it's owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage (including, but not limited to, arising out of the actual or alleged transmission of a communicable disease), wrongful death, loss of services or otherwise which may arise out of my use of Laser Tag equipment or my participation in Laser Tag activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of VFF. This waiver is good through 10/3/2025.

MEDICAL PERMISSION AUTHORIZATION

If the participant is of minority age, the undersigned parent or guardian hereby gives permission for **VFF** to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in Laser Tag games.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE VFF FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Print Name	Age	Date of Birth	Phone	
Signature	Address		City, State Zip	
Signature of Parent/Guardian (if less than 18 years old)		E-mail		
Date:				

VOLT FAMILY FUN, LLC PHOTO RELEASE FORM

I hereby grant Volt Family Fun, LLC dba Volt! - Mobile Tactical Laser Tag permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the Volt Family Fun, LLC and will not be returned.

I hereby irrevocably authorize the Volt Family Fun, LLC to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the Volt Family Fun, LLC from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

Signature

Date

If under 18, a parent or legal guardian must sign

Signature of Parent/Guardian

Date