

LAZER

Family Fun Center

KRAZE

Lazer Camp

Winter 2014

Dec. 29th & 30th

This Camp is 'Out of This World!'

Teamwork: Campers ages 7-12 will sharpen their teamwork skills with unlimited laser tag in our space station arena.

Exercise: Get the ultimate in exercise on our NEW trampoline park. We will have them bouncing off the walls!

Leadership: While having great fun campers will be working with each other in a program that is designed to increase leadership, social and team skills.

Pizza & Pop Lunch: included each day

(Campers may also bring their own lunch)

Plus video arcade games

Also includes Lazer Kraze water bottle.



Have a BLAST this Holiday Season!

Camp Fee per Session:

\$69 (due 1 week prior to camp)
\$5 off on each additional sibling

Late Registration \$89
Daily 10am-3pm

Advance Registration Required to ensure availability

1335 Donaldson Rd, Erlanger
(859)371-KRAZ
www.LazerKraze.com
The Ultimate Laser Tag!



Camper Registration- Erlanger, KY

Mail to: 1335 Donaldson Hwy, Erlanger, KY 41018

Camper Name _____ Age _____ Date of Birth _____

Home Address _____ City, State, Zip _____

Registration Fee \$69 _____ December 29th & 30th

\$20 Additional Fee if form received after 1 week prior camp _____ Note: Any camper not picked up each day by 3:15pm will be charged an additional \$10 for each additional portion of 15 minutes.
Total Due _____

Parent or Guardian Name _____ Work Phone _____

Home Phone _____ Cell Phone _____

Email Address _____

Emergency Contact Information:

Name _____ Phone _____

Name _____ Phone _____

Doctor Information

Name _____ Address _____

City, State, Zip _____ Phone _____

Dentist Information

Name _____ Address _____

City, State, Zip _____ Phone _____

1. List any allergies and any special precautions and treatment indicated for these allergies:

2. List all medications, food supplements, modified diets of fluoride supplements currently being administered:

3. List any chronic physical problems and any history of hospitalization:

4. List any other medical concerns that you feel should be brought to the camping staff's attention:

AUTHORIZATION FOR TREATMENT:

I hereby give my permission to the medical personnel selected by the Camp Director to order x-rays, routine tests, treatment, and necessary transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for my child as named. The health history is correct so far as I know, and the person herein described has my permission to engage in all camp activities, except as noted.

Parent/Guardian _____ Date _____

Camper Waiver and Release

This is a legally binding agreement. By signing below you acknowledge you have read and understood all terms and conditions listed below, and agree to abide by them. You also surrender the right to seek compensation or bring legal action against Lazer Kraze KY Inc. for ANY AND ALL injuries to your child's person and/or property resulting from your child's participation in Lazer Kraze Camp.

PHOTOGRAPHS: Lazer Kraze retains the right to use any photographs of camp participants during camp for current or future promotional purposes without any further permission or dues owed. All rights to these images are property of Lazer Kraze KY Inc.

ACKNOWLEDGEMENT OF RISK: I hereby acknowledge and agree that participating in activities during Lazer Kraze Camp has inherent risks. These risks may arise from foreseen or unforeseen causes. I certify that I have knowledge of the nature and extent of all risks associated with the Lazer Kraze Camp, including but not limited to:

Injuries resulting from participation in camp activities

Injuries resulting from physical exertion or failure of equipment associated with Lazer Kraze Camp

Catastrophic injuries (such as paralysis or death)

Injuries due to allergic reactions, shock, stings, or ingestion of harmful substances

I also acknowledge that I am responsible for any injury resulting from a failure to disclose a medical condition to the Lazer Kraze Camp staff by listing it in the space provided on this form.

Parent/Guardian Release: I, as the acting legal guardian of _____, choose to allow the named child to participate in the activities of Lazer Kraze Camp, in spite of the above named and any other unnamed risks inherent to these activities. I do so having read, understood, and agreed to the above listed terms and conditions in full, and having done so assume responsibility for the wellbeing of the child named above with a full understanding of the risks involved. I also agree to abide by all the rules and guidelines of Lazer Kraze Camp.

Parent signature

Date



Lazer Kraze

PERPETUAL PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of participating in the recreational activities offered by Lazer Kraze Inc., Lazer Kraze KY, INC., Lazer Kraze 3.0 Inc., operators of Lazer Kraze, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Lazer Kraze"), I hereby agree, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

(1) I acknowledge that participation in trampoline court activities, lazer tag, inflatable, amusement activities, and other activities entails **KNOWN AND UNANTICIPATED RISKS THAT COULD RESULT IN PHYSICAL OR EMOTIONAL INJURY, PARALYSIS, DEATH, OR DAMAGE TO ME OR MY CHILD, TO PROPERTY, OR TO THIRD PARTIES.** I understand, despite Lazer Kraze's use of reasonable care, that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: Slipping and falling; collision with fixed objects or people; injuries including, sprains, fractures, scrapes, bruises and cuts, dislocations, pinched fingers and serious injuries to the head, back, or neck the negligence of other participants, Lazer Kraze, or myself; my own physical condition; physical contact with others. (2) I **EXPRESSLY AGREE AND PROMISE TO ACCEPT AND ASSUME ALL OF THE RISKS EXISTING** in activities at Lazer Kraze. Participation by me or my child in activities at Lazer Kraze is purely voluntary, and I elect to participate, or allow my child to participate, in spite of the risks (3) I **HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS** Lazer Kraze **FROM ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION**, which are in any way connected with my or my child's participation in activities at Lazer Kraze or my use of Lazer Kraze's equipment or facilities, **INCLUDING ANY SUCH CLAIMS WHICH ALLEGE NEGLIGENT, RECKLESS, WANTON OR INTENTIONAL ACTS OR OMISSIONS** of Lazer Kraze. I UNDERSTAND THAT THIS PERPETUAL RELEASE/WAIVER WILL APPLY TO EACH AND EVERY OCCASION THAT I OR MY CHILD VISIT A Lazer Kraze FACILITY UNTIL I REVOKE THIS AGREEMENT IN WRITING. (4) Should Lazer Kraze or anyone acting on their behalf, be required to incur attorneys' fees and costs to enforce this agreement, I **AGREE TO INDEMNIFY AND HOLD THEM HARMLESS FOR ALL SUCH FEES AND COSTS.** (5) I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that neither I nor my child have any medical or health conditions that pose a danger to us or others and we assume the risk of any medical or physical condition that we may have. (6) In the event that I file a lawsuit against Lazer Kraze, I agree to do so solely in the Courts of Delaware County in the State of Ohio, and I further agree that the substantive law of Ohio shall apply in that action without regard to the conflict of law rules of that state. (7) I represent that I have the legal authority to execute this agreement on behalf of the minor children listed below and I **AGREE TO INDEMNIFY AND HOLD HARMLESS** Lazer Kraze **FROM ALL CLAIMS MADE BY OR ON BEHALF OF THESE CHILDREN, THEIR GUARDIANS AND REPRESENTATIVES.** (8) I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT IF ANYONE IS HURT OR PROPERTY IS DAMAGED DURING MY PARTICIPATION IN ACTIVITIES AT LAZER KRAZE, I MAY BE FOUND BY A COURT OF LAW TO HAVE WAIVED MY RIGHT TO MAINTAIN A LAWSUIT AGAINST Lazer Kraze 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.

Print Name: _____ Signature _____
Parent/Legal Guardian of minors listed below and or Adult Participant On my behalf and as Parent/Legal Guardian of minors listed below

Today's Date: _____ Phone: _____ Email: _____
(Optional to receive our newsletter)

Parent, Legal Guardian and/or Adult Participant DOB: _____ (mm/dd/yy)

Minor Participants

Circle One

Minors Name: _____ DOB _____ (mm/dd/yy) Relationship to Minor - Parent Legal Guardian

Minors Name: _____ DOB _____ (mm/dd/yy) Relationship to Minor - Parent Legal Guardian

Minors Name: _____ DOB _____ (mm/dd/yy) Relationship to Minor - Parent Legal Guardian

Minors Name: _____ DOB _____ (mm/dd/yy) Relationship to Minor - Parent Legal Guardian