



1335 Donaldson, Erlanger, KY 41018 (859) 371-KRAZ (5729)

In order to be allowed to participate in any activities at Lazer Kraze, the undersigned acknowledges and agrees to the following conditions:

I, for myself and the participants named below acknowledge the participants are physically able to participate in the activities at Lazer Kraze, agree to review, understand and comply with all posted safety signs; comply with all verbal instructions during all activities at Lazer Kraze; and agree to bring any observed hazard immediately to the attention of a Lazer Kraze employee.

I understand that there are inherent risks associated with participation in the activities at Lazer Kraze. These risks include but are not limited to risks of injury such as bruises, sprains, and even more serious injuries. I, on behalf of myself and the participants named below, knowingly and freely assume all risks, both known and unknown, including those that may arise out of the negligence of other participants.

With the full understanding of the risks I, for myself and the participant(s) named below, and our respective heirs, personal representatives, and next of kin, hereby release and hold harmless, Lazer Kraze KY Inc., their affiliates, officers, members, agents, employees, other participants and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in all activities at Lazer Kraze.

I agree that this agreement shall be governed by the laws of the State of Kentucky. Any cause of action out of or connected with this agreement shall be brought only in a court located in Boone County, Kentucky. I also agree to reimburse all costs including reasonable attorney fees, incurred by Lazer Kraze KY Inc. resulting from any liability claims or actions brought in connection with this agreement.

I agree and understand that this agreement is binding on me, the participants, and our respective heirs, personal representatives, and next of kin. By signing below, I certify that I am the legal guardian of the participants for whom I am signing,

Participant Name: _____ Participant Date of Birth ___/___/___

Participant Name: _____ Participant Date of Birth ___/___/___

Participant Name: _____ Participant Date of Birth ___/___/___

Participant\ Legal Guardian Signature: _____ Date: _____

Participant\Legal Guardian Printed Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Emergency Contact Phone#: _____ email: _____ (optional)