

**STUDENT/PARENT RELEASE,
ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT**

In exchange for being permitted to participate in LASER TAG, I **(PRINT NAME)** _____, on behalf of myself, my heirs, executors, agents, administrators, assigns and all other persons claiming through me, voluntarily agree to and hereby knowingly, fully and completely waive and release Bay College, its officers, directors, employees, parents, affiliates, subsidiaries and/or agents from any and all claims, demands, causes of action that might hereafter be asserted, arising out of, or in any way connected with, my participation in: LASER TAG. This waiver and release includes, but shall not be limited to, waiver of the right to initiate, proceed with, or participate in any state or federal lawsuit, any administrative complaints, statutory or common law claims, or civil rights charges, that may arise against the Bay College, its officers, directors, employees, parents, affiliates, subsidiaries and/or agents out of or in connection with my participation. I also agree to defend, protect, indemnify and hold harmless Bay College, its officers, directors, employees, parents, affiliates, subsidiaries and/or agents from any and all claims, demands, causes of action that might hereafter be asserted, arising out of, or in any way connected with, my participation. I enter this contract with an understanding of potential dangers which might arise from my participation. I understand that I will be moving about in a dark room with other people, and that a fog machine and laser/strobe lighting will be used. As a participant, I voluntarily chose to participate in LASER TAG. I am aware of the dangers associated with participating in such an event, including the possibility of injury and even death. I understand that my choice of participation is voluntary on my part, and my desire to participate as outlined above. I agree to assume full responsibility for my safety and the safety of my property at all times, including the time that I am in transit to and from the program site.

I HAVE READ THIS AGREEMENT AND VOLUNTARILY AGREE TO ITS TERMS:

Participant's Signature: _____ **Date:** _____
Participant's Printed Name: _____

PARENTS OR GUARDIAN'S INDEMNIFICATION
(Must be completed for participants under the age of 18)

In consideration of _____ ("**Minor**") being permitted to participate in LASER TAG, I voluntarily accept the terms of the Release and Hold Harmless Agreement, and further agree to defend, indemnify and hold harmless release Bay College, its officers, directors, employees, parents, affiliates, subsidiaries or agents from any and all claims, demands, causes of action including any and all acts or omissions by Bay College, its officers, directors, employees, parents, affiliates, subsidiaries or agents, that might hereafter be asserted, arising out of, or in any way connected with, my child's participation in:

LASER TAG

I HAVE READ THIS AGREEMENT AND VOLUNTARILY AGREE TO ITS TERMS:

Parent or Guardian Signature: _____ **Date:** _____
Parent or Guardian's Printed Name: _____