



NERF WARS Waiver

Parent/Guardian

Participant's Name

Participant's Age

Emergency Contact #

E-Mail

Facebook

Alternate Emergency Contact #

Allergies/Medical Issues/Medications (kept strictly confidential):

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WAIVER:

1. I have enrolled my child(ren) in this event with my full consent.
2. I have informed Miss Lori Dutra to the best of my knowledge, of any pertinent medical information concerning my child and declare that he/she is physically capable to participate in this activity.
3. I understand that there will be a First Aid Kit available at every class.
4. I give permission to Miss Lori Dutra to perform basic First Aid to my child if necessary (i.e. ice, band aids, etc.)
5. I understand that Miss Lori Dutra and Employees cannot be held liable for bodily injuries and/or damages to personal belongings.
6. I understand that food is not permitted at this event. A water bottle is recommended and is provided by participant.
7. I understand that each participant is responsible for providing their own guns, eye protection, equipment, and ammunition.
8. I understand that eye protection is **MANDATORY**.
9. I agree to have all ammo counted prior to participation.
10. Due to the nature of this event, I understand that participants may not leave with the same ammo they came with (color), but will leave with the amount & type of ammo they came with. (It is very helpful to label bullets with participant's initials. Black or silver Sharpie works well.)
11. I understand that I will not be reimbursed for my child's absence.
12. Miss Lori Dutra reserves the right to cancel & reschedule any event. I understand that a make-up class may fall on a day other than the regularly scheduled event.
13. I understand that Miss Lori Dutra is not responsible for events canceled due to weather and that every effort will be made to reschedule, but is not guaranteed.
14. I give consent to have my child's photo taken and posted on social media.
15. I understand that payment is due in exact change, in a sealed envelope with participant's name & emergency contact number on the outside, at drop off.

I agree to all of the above terms.

Signature

Date
