



LASERFORCE MEMBERSHIP FORM

Membership Number: _____

Surname: _____

Name: _____

Address: _____

Suburb: _____

Post Code: _____

Phone: _____

Date of Birth: _____

Code Name: _____

Signature: _____

I acknowledge that the Laserforce centre and its staff have made all reasonable endeavours to ensure its equipment and facilities are safe to patrons and to ensure compliance by other patrons with its rules and regulations. I acknowledge that by virtue of the nature game there are inherent risks of personal injury, which are accepted by me and further, I acknowledge the centre accepts no liability whatsoever for any injury sustained by me howsoever caused whether by the negligence of the centre or its servants or agents, other patrons or otherwise. If I am under 18 I acknowledge that I have discussed the terms and conditions of this document with my parent(s).