

Q-ZAR
151 Voice Rd.
Carle Place, NY 11514
(516) 877-7200
WWW.QZARNY.COM

Participant Waiver

As Consideration for being allowed to enter the premises and or/or Participate in any party and/or program at Q-ZAR the undersigned, on his or her behalf, and on behalf of the Participant identified below, acknowledges, appreciates, understands, and agrees to the following:

Participant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date of Birth: _____

E-Mail Address: _____

By providing your e-mail address you acknowledge Q-ZAR may send you e-mail including discount offers, special events & Q-ZAR news.

1. Acknowledge that participation in the game "Q-ZAR" involves physical activity that could result in injury to the participant(s.) The participant(s) assume full responsibility for any injuries or damages which may occur to or be caused by the participant(s) in, on, or about the game's premises from whatever cause, including, without limitation, the affirmative negligence of Q-ZAR, its owners, employees, or agents, and completely releases and discharges Q-ZAR and all associated outlets, its and their owners, employees, and agents from all claims, damages, or other liabilities present or future, whether or not known or anticipated that may result from or arise out of the participant(s)' use or intended use of the game or the premises, facilities, and equipment related thereto. The undersigned has read and understands the foregoing waiver. The undersigned acknowledges that the participant(s) are at least 5 years of age and if they are under 21 years of age, he or she has discussed the terms and conditions of this waiver with the participant(s) parent or legal guardian and have their parents or legal guardian's consent to their signing this release.

2. Agree to play Q-ZAR according to the rules and instructions given to me by any members of Q-ZAR's staff. I acknowledge that Q-ZAR accepts no responsibility for any act or thing done by me, which is not in accordance with the rules and instructions.

3. Accept full responsibility for any damage to Q-ZAR premises, facilities, and/or equipment caused by me.

4. Agree to inform a member of the Q-ZAR staff of any medical condition or treatment that I have prior to participating in Q-ZAR.

Signature of Participant (or parent/legal guardian)

Date