

# FEAR MASTERS ACTIVITY INSURANCE WAIVER

NAME: \_\_\_\_\_ Parent/Guardian to sign for Anyone under the age of 18.

I, the above named person, wish to take part in a Fear Masters event and I understand what is required to take part in this event and agree that;

- a) Parts of this event will be both mentally and physically demanding.
- b) If I do not follow the rules and instructions given to me by the marshals then this event may cause injury to myself and others.

Name:-	D.O.B:-
Address:-	Email:-
	Contact Mobile:-
	Contact Home:-
Postcode:	Medical Conditions:-

I also agree and confirm;

1. I am fully aware of the possible risks to myself and others whilst taking part in this event and I shall not shoot anyone deliberately to cause harm or distress.
2. That due to the nature of the event, I am mentally and physically capable to take the stress and strain of this event.
3. I shall at all times use the equipment provided as instructed and follow any instructions issued by a member of staff.
4. I have made Fear Masters Entertainment Ltd aware of any medical conditions that may affect my health whilst taking part in the event.
5. I shall only remove my eye/face protection when I am in the 'Safe Zone', I release, remise and forever discharge any claims should I not wear the recommended PPE (Personal Protection Eyewear).
6. That I have the correct equipment in order to take part in this event.
7. That Fear Masters may use my information for e-marketing purposes
8. That I consent to Fear Masters Entertainment Ltd processing and storing my information for the purpose of Health and Safety

I hereby release, remise and forever discharge from any claims and liabilities whatsoever without limitations that I might have against Fear Masters Airsoft UK and the owners of property which the airsoft, nerf, escape room event is taking place

Signature:-

Date:-