

# iCombat Glasgow - Participation Form

PLEASE COMPLETE ALL GREY SECTIONS IN BLOCK CAPITALS

<b>I (NAME OF PLAYER/PARENT/GUARDIAN)</b>	
<b>DATE OF BIRTH</b>	
<b>OF (FULL ADDRESS)</b>	
<b>AND THE FOLLOWING INDIVIDUAL(S) THAT I ACCEPT RESPONSIBILITY FOR (LIST NAMES IF APPLICABLE)</b>	

Have agreed to play and/or allow those I have accepted responsibility for to play at iCombat Glasgow and I willingly complete this document in consideration of being given the opportunity to engage in this activity.

## I UNDERSTAND AND ACCEPT

The game is physically and mentally intense and will require physical exertion to play. The games may be dangerous if not played in accordance with the stated rules. I/we are fully aware of the risks of injury to all players and I/we will conduct ourselves in a responsible, safe and sensible manner at all times.

## I CONFIRM THAT I AND ANY OTHERS I AM ACCOMPANYING:

1. Will follow all rules, warnings and instructions from signage, rules and instructions given by iCombat Staff and Marshals.
2. Accept full responsibility for any personal injury that I/we suffer as a result of participation
3. Accept full responsibility for and agree to pay the costs of correcting any damage or loss I/we cause through negligent, reckless or wilful actions.
4. Are physically and mentally fit enough to partake in this activity and do so willingly.
5. Are not under the influence of drink and/or drugs.
6. Accept that failure to adhere to instructions or rules will lead to immediate expulsion, without refund.

## RELEASE:

I hereby release, remise and forever discharge from any claims and liabilities whatsoever without limitations that I/we might have against iCombat Glasgow, staff thereof and the owners of the property within which the game is being played. I make this release on behalf of myself, any other individuals listed above, my heirs, executors and administrators.

By signing this waiver I fully agree that all reasonable and practicable action to protect my/our health and safety has been taken by iCombat Glasgow. Finally, I accept that this declaration is valid for the entire calendar year within which it is dated.

<b>DATE</b>	
<b>SIGNATURE</b>	
<b>EMERGENCY CONTACT (NAME &amp; NUMBER)</b>	