

**PLEASE READ THIS RELEASE CAREFULLY AND COMPLETELY
AS THERE IS ALWAYS THE POSSIBLE RISK OF INJURY**

I, (We), the undersigned do hereby RELEASE, WAIVE, COVENANT NOT TO SUE, AND FOREVER DISCHARGE Game One, Inc./DBA WhirlyBall / Laser-Sport, their officers, directors, partners, shareholders, employees and agents and each of them, referred to hereinafter as "Releases, " FROM ANY AND EVERY CLAIM, demand or right of action for negligence or liability of any kind arising from or by reason of any personal injury or harm to me resulting from or arising directly or indirectly out of any accident or other occurrence during or in connection with my use of Game One, Inc./DBA WhirlyBall/Laser-Sport, whether caused by the negligence of releases or otherwise.

I acknowledge that there is a **RISK OF INJURY** at WhirlyBall/Laser-Sport, and that is has been explained to me that there is a necessity of explicitly following the instructions to be given to me at the briefing, at which time any questions I may have will be answered to my satisfaction. I certify that I am in excellent physical condition and have not recently taken, nor am I presently under the influence of any drug or other medication. I also certify that I am **not pregnant; I am not presently under any doctor's care;** nor am I suffering from any heart condition; high blood pressure, spinal, muscular, or skeletal defect, vision or balance impairment, present or past separations of dislocation of joints, or other physical impairment.

I unequivocally state that in playing WhirlyBall and or Laser-Sport, **I AM KNOWINGLY AND VOLUNTARILY ASSUMING AND ACCEPTING ALL RISKS OF INJURY** to my person which may be sustained in connection with my participation in any activities within Game One, Inc./DBA WhirlyBall.

I AM AWARE THAT THIS IS A RELEASE WHICH I AM SIGNING FREELY OF MY OWN VOLITION. I HAVE READ AND FULLY UNDERSTAND IT AND HAVE BEEN AFFORDED THE OPPORTUNITY TO ASK FOR ANY EXPLANATIONS AND TO ASK ANY QUESTIONS CONCERNING THIS RELEASE, AND HAVE NOT BEEN GIVEN ANY OTHER INFORMATION VERBAL, OR WRITTEN WHICH IN ANY WAY MODIFIES THE EXISTENCE OF THE RISKS OF INJURY ABOVE SET FORTH.

(Please Print)

Name(s)

Address Zip Code

Date Telephone #

Signature or Signatures