

Middle School Social Event

for children grades 6 through 8

Shadowland Laser Tag

Francis Scott Key Mall, 5500 Buckeystown Pike, Frederick, Maryland 21703

Tel: 301-696-5555

Friday, December 7, 2012

7:00 pm – 8:30 pm

\$13.50 for 2 games of Laser Tag

(Make checks payable to Saint Paul. Bring extra money for food and games if you wish)

SPACE IS LIMITED to **40 Registrants** –
Forms will be handled in the order
they are received. You'll be notified if
space is full.

Please fill out the attached Saint Paul Event Permission Slip and the Shadowland Player Waiver. Permission Slips, payment *and* Waivers are due to the Parish Office no later than 9:00 am, Wednesday, December 5th. **NO RESERVATIONS WILL BE TAKEN AFTER THAT TIME.**

Questions? Please call Tina Rieger at (301)-943-4640. *Chaperones are needed!*

Directions from Damascus: Take MD-27 N/Ridge Rd towards Mt. Airy and merge onto I-70 W/US-40 W (Frederick); Continue to follow I-70 W to exit 53A to merge onto I-270 S (Washington); Take exit 31A to merge onto MD-85 N/Buckeystown Pike. Destination will be on the right.

"ALIAS" or "Code Name"	
Shadowland Player Waiver	
NAME (first)	<input type="text"/>
Name (last)	<input type="text"/>
ADDRESS	<input type="text"/>
ZIP	<input type="text"/>
DATE OF BIRTH:	<input type="text"/>
	month day year
CITY	<input type="text"/>
Participation at Shadowland involves physical activity. As devoted as we are to your safety, like other physical activities (such as rollerskating, skiing), your safety is, in large part, dependent on your attitude and willingness to follow the posted rules.	
By signing this agreement you understand this is between "you" (the player and your affiliates) and "us" (Shadowland Laser Adventures, its owners, employees, builders, manufacturers, designers). You wish to participate in Adventures at Shadowland now and in the future. You agree that whenever you are at Shadowland:	
1. Code of Conduct. You will play at Shadowland according to the posted rules or instructions given by staff members. You accept responsibility for damages you cause at Shadowland. You will report any injury before leaving.	
2. Risk of participation. You understand that participation involves physical activity that could result in injury. (Some risks include contact with other players or walls in the Arena.) You assume all risks of injury. The Arena is supervised, but portions of the Arena are not supervised continuously.	
3. Waiver. You release us from any liability for losses that may arise out of your participation at Shadowland except for losses that may result from our gross negligence.	
4. Medical and Physical Problems. Adventures takes place in a darkened, carpeted, fog-filled Arena with ramps. Asthmatics requiring inhalers should have this with them. Players with other medical conditions will inform Shadowland managers prior to purchasing games.	
5. Indemnity Agreement. You will indemnify and defend us from any claims or suits made by anyone arising out of your activity at Shadowland. (including all fees thereby incurred by us).	
You have read and understand this agreement and waiver. If you are under 18yrs old, you have discussed the contents of the document with your parent or guardian and have their consent to sign it and participate in this activity.	
<i>(If under 18yrs - Parent, guardian or Party Chaperone must sign to participate</i>	
Signature:	Date:

PERMISSION FORM - PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____ Birth date: _____ Sex: M F

Parent/Guardian's name: _____ Home address: _____

Home phone: _____ Business phone: _____ Cell phone: _____

I, _____ grant permission for my child, _____ to participate

Parent or guardian's name

Child's name

in this activity or event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers .

Name of parish: Saint Paul Catholic Church

A brief description of the activity follows:

Type of activity/event:	Laser Tag
Destination of event:	Shadowland
Individual in charge:	Tina Rieger
Estimated time of departure and return:	drop off at event on 12/7/12 at 7:00 pm
Mode of transportation to and from event:	none provided

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Saint Paul Catholic Church, its officers, directors, employees and agents, and the Archdiocese of Washington, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Washington, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/Archdiocese.

Signature: _____ Date: _____ ←

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____ ←

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Washington, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be contacted at this number: _____

Signature: _____ Date: _____ ←