

BRAY BOWL
QUASAR LASER TAG WAIVER FORM

I,
as parent/guardian of:
(PRINT NAME)
permit she/he to take part in Quasar Laser Tag
at Bray Bowl.

I have been advised by staff/management at Bray Bowl that the game of Quasar can pose a danger to health to those that suffer from a heart defect or asthma. I understand that playing Quasar can lead to an asthma attack, an epileptic fit, heart failure, serious injury or death.

I the above accept full responsibility & understand that Quasar at Bray Bowl are in no way liable for anything that may occur while on the Quasar Bray premises

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