



**FIRST CONGREGATIONAL**  
UNITED CHURCH OF CHRIST · BOULDER

**RELEASE OF LIABILITY FORM FOR INDIVIDUALS**

**Event Name:** Laser Tag

**Event Date:** 5/17/26 5:00-7:00

**Event Location:** Chippers Lanes 100 Nickel St, Broomfield, CO 80020

**RELEASE OF LIABILITY**

I understand that parts of the event may be physically demanding. I affirm that the participant is in good health, and not under a physician's care for any undisclosed condition that bears upon their fitness to participate in activities. I understand and consent to first aid and/or emergency medical care for treatment of injuries that the participant may sustain while taking part in this event. I understand that by signing this, I hereby release First Congregational Church, its owners, employees, and all volunteers and individuals assisting in the instruction and conduct of activities from liability. I have carefully read this Release of Liability and fully understand its content.

I hereby give my permission to the medical personnel selected First Congregational Church staff to order x-rays, routine tests, and treatment. In the event I cannot make that decision in an emergency, I hereby give permission to the physician selected by First Congregational Church staff to hospitalize, secure proper treatment for, and order injections and/or anesthesia and/or surgery. This form may be photocopied for use outside of this event and information on it will be shared with volunteers on a "need to know" basis.

Participant's Name: \_\_\_\_\_

Signature of Adult Participant: \_\_\_\_\_ Date \_\_\_\_\_

OR Parent/Legal Guardian's Signature if participant is under 18: \_\_\_\_\_

Date \_\_\_\_\_

Parent/Legal Guardian Phone Number: \_\_\_\_\_

**Medical Information**

I am aware that having the participant take part in any physical activity may be dangerous. Because of the inherent dangers of taking part in such activities, the participant recognizes the importance of following directions of First Congregational staff/volunteers and agrees to obey such First Congregational staff/volunteers to the best of their ability. In case of an emergency, we will call 911. We have first aid and CPR trained staff, and at least one is available to help with the emergency needs of any participant.

\_\_\_\_\_ (Parent/Legal Guardian please initial)

**Transportation Release:**

I give permission for the participant named above to be transported by First Congregational staff/volunteers in approved vehicles for off-site recreational events, emergencies or medical care.

\_\_\_\_\_ (Parent/Legal Guardian please initial)

**Photo Release:**

I understand that photographs, video and/or digital images (hereinafter "images") may be taken of participants taking part in various activities during this event. I understand that no names or personal contact information will accompany any images. I understand that these images may be used in web-site photo albums and other promotional materials and/or publications. I acknowledge below that I do consent to such images being taken and do not request compensation for their use.

\_\_\_\_\_ (Parent/Legal Guardian please initial)