

Simulated Gunfire Consent Waiver

Participant Information

Full Name:

Date of Birth:

Address:

Phone Number:

Email:

Consent & Waiver

I acknowledge and understand that the event/activity may involve the use of simulated gunfire, including but not limited to the use of props, sound effects, and other materials that replicate gunfire for training, education, or entertainment purposes.

I recognize the risks associated with participation in this event and voluntarily assume responsibility for any personal injury, distress, or adverse reaction caused by exposure to simulated gunfire.

I hereby release, discharge, and hold harmless the organizers, venue, staff, affiliates, and associated parties from any and all claims, liabilities, or costs arising from my participation.

I certify that I am of legal age to provide consent or have obtained parental/guardian permission as required.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date
