



# Ainslie School

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## YEAR 6 LONGBEACH CAMP Wednesday 14 March – Friday 16 March 2018

Dear Parents and Carers

Year 6 students will be attending camp at Long Beach from Wednesday 14 March to Friday 16 March 2018. This is a valuable educational experience and we hope that all students attend. We can now confirm all the details and provide you with a final cost for the camp which will be **\$335**.

Camp is a special time for year 6 to promote teamwork and build upon their existing leadership qualities in a coastal environment. The philosophy of the program at Long Beach promotes overall wellbeing, leadership skills and enjoyment of the class community.

- Dates:** Wednesday 14 March to Friday 16 March 2018
- Location:** Long Beach Camp, Long Beach (North of Bateman’s Bay and South of Ulladulla)
- Transport:** Deane’s Bus and Coaches - fitted with seatbelts
- Departure:** The coach will depart Ainslie School at **8.15am on Wednesday 14 March 2018**
- Arrival:** The coach will return to school by **3.00pm on Friday 16 March 2018**
- Cost:** **\$335 (May be paid in instalments. Payment is due by by 9 March 2018)**  
This fee includes all meals (except a recess snack for the first day), accommodation for two nights, transport, local transport, educational programs, equipment and insurance.  
*(Please see Jo Maybury – Business Manager to organise payments in instalments. We would like all students to attend and can offer assistance where needed)*

**Accompanying staff:** Laurence Mandapat, Alison Heald and Sarah Brown

*Staff accompanying students on excursions will take all reasonable care while students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour. (Education Directorate Policy)*

### Year 6 Outdoor Education Camp at Long Beach

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend the year 6 camp at Long Beach from Wednesday 14 March to Friday 16 March 2018.

Attached is  part payment of \$ \_\_\_\_\_  Full payment of \$335

You may choose to pay by cash, cheque, EFT or quickweb.  
The details are as follows: BSB : 032 777 Acct No: 000 962  
Account Name: Ainslie School

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## INFORMATION CONTINUED

Students will participate in the surf safety and awareness program, canoeing, laser skirmish, bushwalk, raft building (TBC), initiative challenges, beach activities and night time activities. The beach is classed as a flat water beach and the surf swell is usually very small. If the conditions are not safe for swimming, the activities will not go ahead. **Directorate policy requires students to be able to swim 50m and tread water for 5 mins.** Parents are also required to describe, in detail, their child's swimming ability and list any special requirements. Students who do not have permission to swim in the surf will still participate in a surf safety session. They will participate in an alternative supervised shallow water activity. Please ensure you fill in the required section about your child's swimming ability.

Behaviour, cabin and activity groupings will be discussed with students in the lead up to the camp.

All medication (including for motion sickness), if needed, should be handed to the First Aid Officer on arrival on Wednesday morning, labelled with instructions and name. Only asthma puffers can be kept with students.

Attached to this letter are also:

- A list of what to bring and what not to bring
- A behaviour agreement to discuss with your child and sign
- A water activities permission note
- A canoeing and kayaking disclaimer
- A dietary requirements form

Please sign **ALL** the permission forms, indemnity forms, behaviour agreement, dietary requirements and medical consent form and return them with your payment or instalment as soon as possible or by **Friday 9 March 2018**.

We are looking forward to a fantastic camp at Long Beach in March. Please don't hesitate to contact us if you have any questions.

Thank you

Sarah Brown  
Executive Teacher  
20 February 2018

Laurence Mandapat and Alison Heald  
Year 6 classroom teachers

***If the provider of the service or activity has requested that you sign a waiver or disclaimer statement, the department recommends that you consider carefully any risks involved before proceeding and if in doubt seek additional advice.***

***The ACT Education Directorate does not provide any insurance cover for injury, disease or illness to students resulting from school activities or school organised excursions. You should be aware that there is no insurance cover for personal injury if your child is injured during the activity/excursion and should consider whether taking out personal insurance cover for your child is warranted. This insurance might cover contingencies such as medical/hospital expenses, ambulance transport outside the ACT, cancellation of transport/accommodation or loss of/damage to luggage.***

### **Contacts:**

Camp Long Beach 02 44727200

# ***What shall I bring to camp?***

Here is a checklist of the things you will need to bring to camp.

Please make sure that all items are clearly marked with your name.

- pillow and pillow case
- pair of sheets or a sleeping bag
- towel
- pyjamas
- 4 shirts or tops
- 3 pairs of long pants/shorts
- 3 changes of underwear
- 3 pairs of socks
- 1 extra pair of shoes (these must be able to be 'done up').
- 2 jumpers or sweaters
- waterproof jacket
- swimming costume, sun smart top (rashie) & towel & a plastic bag
- thongs or crocs AND **“water” shoes** for beach activities (essential for kayaking)
- sun smart hat
- sunscreen and insect repellent
- toiletries (soap, toothpaste, toothbrush, comb, brush, deodorant)
- book
- water bottle
- 2 plastic bags for wet and dirty clothes
- morning tea on the first day
- small game for free time - optional

***Do not bring money, jewellery, ipods, ipads, mp3 player, mobile phone, camera, sweets***

**DAY BAG** to carry on the bus with the following items:

- recess in separate plastic/paper bag
- something to drink
- hat and sunscreen

All medication (including for motion sickness), should be handed to Ainslie School First Aid Officer (Sarah Brown) on arrival on the Wednesday morning, labelled with instructions and student's name. Only asthma puffers can be kept with the students.

**PLEASE COMPLETE AND RETURN THE WATER ACTIVITIES PERMISSION, BEHAVIOUR AGREEMENT AND SPECIAL DIETARY REQUIREMENTS FORM.**

**BEHAVIOUR AGREEMENT**

*I understand that the school expectations of CARE, CONSIDERATION and SAFETY will apply while I am on camp, and that I will follow any special rules of Long Beach Camp.*

Child's signature .....

Parent's signature .....

**WATER ACTIVITIES**

- I agree to my child, \_\_\_\_\_ taking part in water activities associated with the year 6 Long Beach Camp from Wednesday 14 March to Friday 16 March 2018. I have indicated my child's swimming ability below.

**Swimming Assessment Information**

As a part of this assessment and to help ensure the safety of your child, please provide the following information:

1. Name of Child: \_\_\_\_\_

2. School Year: \_\_\_\_\_ Class: \_\_\_\_\_

3. My child can swim:  No  Yes

4. My child's swimming ability is:  
 Poor  Average  Strong  Very strong

Rating	Criteria
None	Very limited skills in the water
Poor	Can walk 5 metres through the water with acceptable stability and coordination
Average	Can exit shallow water unassisted <b>Continuously</b> swim 10 metres
Strong	Can exit deep water unassisted Can survival scull, float or tread water for 1 minute in deep water <b>Continuously</b> swim 25 metres
Very strong	Can exit deep water unassisted Can survival scull, float or tread water for 5 minutes in deep water Continuously swim at least 50 metres
Additional information	

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPECIAL DIETARY REQUIREMENTS**

Please give us information about special dietary requirements for your child. Details will help us to make suitable catering arrangements with Long Beach staff.

.....  
 .....



# Swimming Pool and Aquatic Activities

## Medical Information and Consent Form



This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student on an excursion to a swimming pool and water park based aquatic event.

A copy of each student's form must be taken on the excursion.

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1998 (Cwth)*. Parents note that in the absence of a specific Plan standard First Aid will be administered.

Student's Surname/Family name: \_\_\_\_\_ Given/preferred name: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_\_\_ Sex:  M  F

School: \_\_\_\_\_ School Year: \_\_\_\_\_ Camp/Excursion: \_\_\_\_\_

Parent/Carer: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Telephone Nos - Business Hours: \_\_\_\_\_

After Hours: \_\_\_\_\_ Mobile: \_\_\_\_\_

Other Contact for Emergency: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Name of Student's Doctor: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Private Health Fund: \_\_\_\_\_ Membership Number \_\_\_\_\_

Ambulance Fund: **Note:** Parents are responsible for ambulance costs outside the ACT.

Please tick if your child suffers any of the following:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Anaphylaxis * | <input type="checkbox"/> Allergies      | <input type="checkbox"/> Fits or Blackouts | <input type="checkbox"/> Nose bleeds            |
| <input type="checkbox"/> Asthma *      | <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Hay fever         | <input type="checkbox"/> Reaction to drugs      |
| <input type="checkbox"/> Diabetes *    | <input type="checkbox"/> Eczema         | <input type="checkbox"/> Headaches         | <input type="checkbox"/> Sight/hearing problems |
| <input type="checkbox"/> Epilepsy *    | <input type="checkbox"/> Fainting       | <input type="checkbox"/> Heart condition   | <input type="checkbox"/> Sun screen sensitivity |
| <input type="checkbox"/> Other _____   |   |  |   |

**Describe what happens for any of the conditions ticked above**

If you have ticked any of the boxes above, does your child require specific first aid treatment (that is, specific instructions provided by your child's doctor) in addition to standard first aid treatment?

Yes  No

If Yes, a *General First Aid Plan* is to be completed and provided to the school along with specific instructions provided by doctor. This form is available from the school.

**Note:** For anaphylaxis\*, asthma\*, diabetes\* or epilepsy\* conditions, please ask the school for the appropriate First Aid Plan for completion. In the absence of a specific First Aid Plan, standard first aid will be given in an emergency.

Date of last tetanus injection: \_\_\_/\_\_\_/\_\_\_\_

Has the student suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury during the last four weeks? Yes  No

If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the camp/excursion \_\_\_\_\_

Is the student presently taking any medication? Yes  No

If Yes, please state name of medication, dosage, etc: \_\_\_\_\_

**NB. If this information should be reflected on the General Medical Information and Consent form kept at the school, please inform the school of the changes and arrange to update the form.**

Parents must give written permission and directions for the administration of any medication taken during the excursion.

The teacher in charge must be informed about the management of any medication prior to leaving on an excursion. Arrangements need to be agreed on the transport, storage and administration of medication. In all cases medication must be labelled with the student's name, dosage and frequency of administration.

I consent to my child receiving paracetamol for temporary pain relief. Yes  No

Are you aware of any physical or psychological limitations of your child? Please give details.

\_\_\_\_\_

Is there any other information which you believe may help us to provide the best possible care? \_\_\_\_\_

**Consent to medical attention.** In the case of my child requiring medical treatment or in the case of a medical emergency, I/we consent to the school providing first aid or treatment as outlined in a specific First Aid Plan and I/we further authorise the school, where it is impracticable to communicate with me/us, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I/we also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed (Parent/Carer): ..... Date: \_\_\_/\_\_\_/\_\_\_\_

Signed (Parent/Carer): ..... Date: \_\_\_/\_\_\_/\_\_\_\_

***This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student whilst on the excursion.***

*Schools will always call an ambulance if your child's medical condition requires emergency medical assistance*

# **CAMP LONG BEACH (Hire & Drive Licence HD0491)**

## **CANOEING/KAYAKING "WARNING OF RISK" DOCUMENT**

In consideration of the Camp accepting my application to participate in the Program, and by signing below I acknowledge, understand and agree that:

1. **"Camp"** for the purposes of this declaration means and includes, where the context so permits Camp Long Beach, and their respective directors, officers, staff, members, servants or agents.
2. **Warning:** Participating in the Canoeing/kayaking program can be of risk. I acknowledge that I am exposed to certain risks during the Program including but not limited to physical hazards, unpredictable wind and weather conditions and actions of other participants. I acknowledge that accidents can and often do happen which may result in me being injured or even killed, or my property being damaged. I have voluntarily read and understood this warning and accept and assume the inherent risks in participating in the Program.
3. **Physical Fitness:** I must not participate in the Program if I have any injury, disability, medical or health condition that may increase the risk of me becoming injured unless I have told the Camp about it and they have authorized me to participate. I declare that I am medically and physically fit and able to participate in the Program and I will immediately notify the Camp of any change to my fitness and ability to participate.
4. **Instructions:** I will at all times comply with the instructions and safety procedures of the Camp.
5. **Medical Treatment:** If required, the Camp will arrange medical or hospital treatment (including ambulance transportation) for me. I authorize such actions being taken by the Camp and agree to meet all costs associated with such action.
6. **Exclusion of Implied Terms:** I acknowledge that where I am a consumer of recreational services, as defined by any relevant law, certain terms and rights usually implied into a contract for the supply of goods or services may be excluded. I acknowledge that these implied terms and rights and any liability of the Camp flowing from them, are expressly excluded to the extent possible by law, by this declaration. To the extent of any liability arising, the liability of the Camp will (at the discretion of the relevant Camp) be limited to the re-supply of the services or payment of the cost of having the services supplied again.
7. **Release & Indemnity:** My participation in the Program is entirely at my own risk and I agree, to the extent permitted by law to:
  - (a) release and forever discharge the Camp from all liability and Claims that I may have or may have had but for this release arising from or in connection with my participation in the Program;
  - (b) indemnify and hold harmless the Camp to the extent permitted by law in respect of any Claim by any person including but not only another participant in the Program arising as a result of or in connection with my participation in the Program.

In this clause 7 **"Claims"** means and includes any action, suit, proceeding, claim, demand, damage, cost or expense however arising including but not limited to negligence but does not include a claim against the Camp under any right expressly conferred by their respective constitutions or regulations.

8. **Identity:** Photographic and or visual images taken by the Camp of my participation in the Program may be used for general promotion of the Camp's activities.
9. **Privacy:** I understand that the information provided by me in this form is necessary for the operation of the Program. I acknowledge and agree that the information will only be used for the objects of the Camp and to provide me with information pertaining to the Program. I understand that I will be able to access my information through the Camp upon request. If the information is not provided I might not be permitted to participate in the Program.
10. **Severance:** If any provision of this declaration is invalid or unenforceable in any jurisdiction, the phrase or clause is to be read down for the purpose of that jurisdiction, if possible, so as to be valid and enforceable. If the phrase or clause cannot be so read down it will be severed to the extent of the invalidity or unenforceability. Such severance does not affect the remaining provisions of this m declaration or affect the validity or enforceability of it in any other jurisdiction.

**I have read and understand the "warning of risk" document for canoeing/kayaking and agree to the conditions outlined.**

**Name:**.....**Phone**.....**Age**.....

**Address:**.....**Postcode:**.....

**Medical Information**.....

**Email** .....

**Parents/Guardian Signature**.....**Date**.....



# Laser Skirmish Membership Form

Hand this completed Membership Application, Release & Indemnity Form to Mission Major PRIOR TO PLAY

Check our website for your closest battlefield

Phone: 1300 666 559 Facsimile: 1300 666 549

Email: [info@laserskirmish.com.au](mailto:info@laserskirmish.com.au) Net: [www.laserskirmish.com.au](http://www.laserskirmish.com.au)

**FOR SAFETY REASONS ALL PLAYERS ARE ADVISED TO WEAR LONG PANTS & CLOSED-IN SHOES.**

I acknowledge the advice given, but choose to ignore this advice and not wear long pants regardless (signature \_\_\_\_\_)

In this form: "Laser Skirmish" means the activity of laser skirmishing at various venues and includes the use of Battlefield Sports' guns, mines and other accessories and equipment and facilities which relate in any way to the activity of laser skirmishing. Further, "other activities" means anything except laser skirmishing which occurs at a venue and includes (without limitation) the use of all equipment, services, land, buildings, car parks, paths, at the venue (except when skirmishing.) In exchange for Laser Skirmish (with its employees, agents, licenses, contractors, subcontractors, subsidiaries, related or associated companies, associates, and assignees) agreeing to let me take part in laser skirmish, I...

First Name:										Surname											
→ Email:																					
Address:																					
Suburb/City:																					
Post Code:								State													
Telephone No: Including Area Code																					
										Fax No:											
Invited by Corporate/Social Group																					
Sex:	Male	Female	Date of Birth (dd/mm/yy)																	and now aged	years

## MEMBERSHIP DETAILS (THIS SECTION IS OPTIONAL)

Preferred Call Sign:										Clan Name:										
How did you find us?	Radio	Friend	Work/Social Event	White/Yellow Pages	TV	Other pls specify →														
	Promotion	Sign	Newspaper	Inflatables Event eg Fete	Web – what search term? →															

## DEED OF DISCHARGE, RELEASE & INDEMNITY

### 1.1 MYSELF & MY EXECUTORS, ADMINISTRATORS & ASSIGNS ACKNOWLEDGE & COVENANTS & AGREE WITH THE FOLLOWING RULES, TERMS & CONDITIONS:

The participant agrees to abide by the rules & must follow the directives of Laser Skirmish staff at all times when present at the Laser Skirmish Venue.

- (a) No projectiles are to be thrown, kicked or otherwise made airborne by participants.
  - (b) No participant shall engage in:-
    - Skylarking or reckless behaviour or foolish behaviour; or
    - Any other behaviour likely to cause injury to themselves or other participants; or to employees or agents of Laser Skirmish; or
    - Any other behaviour which Laser Skirmish deems in its absolute discretion to be unacceptable.
- Laser Skirmish may require any participant engaging in unacceptable behaviour to leave the Laser Skirmish Venue.
- (c) Each participant must remain within the designated boundaries of the Laser Skirmish Venue at all times.
  - (d) Each participant will be required to wear the following:-
    - Long trousers (covering ankles) and Enclosed shoes; and
    - Hats and/or Caps provided by Laser Skirmish;
    - All other safety devices that Laser Skirmish may require the participant to wear.
  - (e) Any participant who is unable or refuses to comply with rule (e) will not be permitted to participate in Laser Skirmish.
  - (g) I acknowledge that there are risks associated with Laser Skirmish. As a matter of law I have no right to claim compensation from anyone if I am harmed because of an obvious risk materialising while I am at Laser Skirmish. I voluntarily assume all risks associated with Laser Skirmish and other activities.
  - (h) Any participant injured, or observing another participant to be injured, shall immediately notify Laser Skirmish staff of the incident.
  - (i) By signing below, I hereby authorise Laser Skirmish to send me newsletters and special product offers to my email address supplied. I further understand that I can terminate the transmission of such materials by return email by typing the work "Unsubscribe" in the subject line.

### 1.2 RELEASE & DISCHARGE

The Participant releases, discharges, waives and forever holds harmless Laser Skirmish from All Claims for Any Loss sustained by the Participant whether caused by Laser Skirmish's negligent act or wilful act or omission, breach of contract, breach of statutory duty or otherwise in connection with Laser Skirmish. The participant agrees to Laser Skirmish taking photographs, film and other images while participants are at the venue and to develop, print, reproduce and use them royalty free for any purpose (including commercial advertising).

### 1.3 INDEMNITY

The Participant indemnifies Laser Skirmish against All Claims for Any Loss sustained by the Participant whether caused by Laser Skirmish's negligent act or wilful act or omission, breach of contract, breach of statutory duty or otherwise in connection with Laser Skirmish.



**1.4 WARRANTY AS TO AGE**

By personally executing this Deed, the Participant warrants that he or she is at least of eighteen (18) years of age. Where this Deed is executed by a parent, guardian or other person for and on behalf of the Participant, the person so executing warrants that he or she has authority to do so and that such parent, guardian or other person agrees to indemnify Laser Skirmish in terms of the indemnity contained in clause 1.3 hereof.

**1.5 BAR TO ACTION**

The Participant agrees that this Deed may be pleaded as a bar to any action, suit or proceedings taken at any time by the Participant against Laser Skirmish arising out of or as a consequence of Laser Skirmish or any incidental activities.

**1.6 CONFIDENTIALITY**

The Participant must keep the terms of this Deed strictly confidential and no disclosure of the terms of this Deed is to be made by the Participant other than for the purpose of obtaining legal advice.

**1.7 BINDING ON SUCCESSORS**

This Deed binds the heirs, administrators, executors, personal representatives, dependants (if any) and successors of the Participant and endures for the benefit of Laser Skirmish and its successors and assigns.

**1.8 PRIVACY**

Laser Skirmish collects information from you for the primary purpose of providing quality outdoor Laser Skirmish entertainment. We require you to provide us with details so that we may properly attend to your needs. This means we will use the info you provide in the following ways: administrative purposes, billing purposes (if required), disclosure for research and quality assurance activities to improve entertainment services, and if needed, emergency situations whereby staff/hospitals require access to a participants records for appropriate purposes.

**1.9 DEFINITIONS**

In this Deed unless inconsistent with the context or subject matter:

"All Claims" means all claims, actions, suits, demands, damages, interest and costs arising out of or as a consequence of Laser Skirmish, including any incidental activity;

"Any Loss" means any loss, damage or injury to person (including the Participant) or property including but not limited to:- (a) Any damage or injury occasioned to a participant, howsoever, by:-

- |   |  |
|---|--|
| i) Any logs, trees and branches or any part thereof;  | v) Other participants;   |
| ii) Any rocks, falling boulders or stones;  | vi) Any equipment supplied to the Participant by Laser Skirmish in connection with Laser Skirmish; |
| iii) Any rivers, creeks, streams or any other body of water existing at a Laser Skirmish Venue; | vii) or otherwise arising out of the Participant's involvement in Laser Skirmish.                  |
| iv) Any snakes, spiders or any other wildlife whatsoever;                                       |  |

(a)  
(b) Any damage or injury occasioned to a Participant as a result of a Participant:-

- |   |                                      |
|---|--------------------------------------|
| o Slipping on rocks, boulders, logs, trees, land or any other substance; and/or | o Falling over; and/or               |
|   | o Colliding with another participant |

whether caused by:-

- |                             |                               |
|-----------------------------|-------------------------------|
| (A) Negligence; or          | (D) Flora or fauna; or        |
| (B) Accident; or            | (E) However otherwise caused. |
| (C) Another participant; or |                               |

"Laser Skirmish" means the outdoor action role play combat game run by Pathfinder Events Pty Ltd trading as Laser Skirmish and/or Laser Tag

"Laser Skirmish Venue" means the location at which Laser Skirmish/Laser Tag is being convened;

"Participant" means their FULL NAME, and ADDRESS as per section one of this form.

"Laser Skirmish" means a business of Pathfinder Events Pty Ltd - ABN 68 115 702 442 of Unit 1, 6 Graham St, Underwood Q 4119 and its agencies, suppliers, distributors, servants, employees, agents, representatives, directors, and officers.

**1.10 SIGNATURES**

I promise that the information about me/participant in this form is correct. I have read and understand everything in this form. Executed as a deed

**SIGN HERE IF YOU ARE OVER 18:-**

<b>SIGNED SEALED AND DELIVERED</b> by _____ _____ (PARTICIPANT'S FULL NAME)	) ) )	_____ Signature of Participant
Dated: _____		_____ Signature of Witness of the Participant

**GUARDIAN SIGN HERE IF THE PARTICIPANT IS UNDER 18:-**

<b>SIGNED SEALED AND DELIVERED</b> by _____ _____ PRINT PARTICIPANT'S FULL NAME _____ (SIGNEE'S FULL NAME)	) ) ) )	_____ Signature of Guardian
(if signing on behalf of Participant, print relationship to Participant) who warrants that he or she has authority to sign this Discharge, Release & Indemnity on behalf of the Participant & agrees to indemnify Laser Skirmish in accordance with the indemnities in this agreement.		_____ Signature of Witness of the Guardian
		Dated: _____