



PARTICIPANT WAIVER & ACKNOWLEDGEMENT FORM

Activity: Circuit and Chase Tag

Location: Exploratory Park, 17 Claremont Way, Brent Cross, London NW2 1AJ

Date: 13-14th September 2025

Full Name of Participant: _____

Important: Please Read Carefully Before Participating

By signing this document, you acknowledge and agree to the following terms and conditions of participation in the Circuit and Chase Tag activity (the “Activity”), including all related or incidental events. This waiver is designed to ensure the safety, wellbeing, and informed consent of all participants.

1. Eligibility & Health

- Participants must be **16 years or older**.
- All participants must **sign this waiver** prior to engaging in the Activity. No exceptions.
- Participants must be in **good physical health** and not suffer from any condition that may impair their ability to safely participate.
- If you are pregnant, or suspect you may be, you must not take part in the Activity.
- You are advised to **consult a medical professional** if you have a history of heart, back, neck, joint, or other conditions that may be affected by physical exertion.

2. Safety & Conduct

- Participation in this Activity is **entirely voluntary** and at your own risk.
- Alcohol, drugs, or any substances that impair judgment or coordination are **strictly prohibited** before or during participation.
- You must **follow all instructions** and directions from staff at all times.
- Failure to do so may result in **removal from the Activity** without refund or recourse.
- Aggressive behaviour, foul language, or unsportsmanlike conduct will result in **immediate disqualification** and removal from the event area.

3. Attire & Equipment

- Wear **comfortable, athletic clothing and suitable footwear** for high-movement activities.
 - Remove all **jewellery, watches, and loose items** that could pose a risk of injury to yourself or others.
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4. Check-In & Identification

- All participants must check in at the **designated registration point** before entering the Activity zone.
 - You may be asked to provide **valid ID** to confirm age eligibility.
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5. Risk & Liability

- By signing this waiver, you acknowledge and accept that participation involves inherent risks including, but not limited to: cuts, bruises, strains, sprains, or more serious injuries.
 - You agree that **Brent Cross Town** and its staff, partners, and affiliates shall not be held liable for any injury, loss, or damage to person or property, however caused.
 - You understand that while reasonable precautions are taken, some risks may **not be foreseeable**.
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6. Medical Conditions & Access Requirements

- If you have any **medical, physical, or psychological conditions** that may impact your ability to participate, you must disclose this to staff prior to the Activity.
 - If you have **access needs or visual impairments**, please inform us in advance so we can assess suitability.
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7. Declaration

I confirm that:

- I am participating of my own free will.
 - I understand and accept the risks associated with this Activity.
 - I am not under the influence of alcohol, drugs, or medication that could impair my ability.
 - I agree to comply with all safety instructions given to me by event staff.
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Signature

Participant Signature: _____

Date: _____

Emergency Contact Name: _____

Phone Number: _____
