

ZOMBIE APOCALYPSE WAR 2

WAIVER FORM

THIS ZOMBIE APOCALYPSE WAR (Z.A.W) WAIVER FORM dated this 5th of April 2025. In consideration of being allowed to participate in the ZAW and other good and valuable entertainment, the receipt of which is hereby acknowledged I _____(participant name) of _____(Address)____ agree with UrbanTactics of NT 0810 Australia (“The Activity Provider”) to the following:

Details of Activity Consideration ConCurrent Release Fitness to Participate:

Scheduled for 5th of April 2025, the participant will be participating in the following activity: team tag with foam dart blasters and foam rods (“the activity”) provided by the activity provider.

1. Being of lawful age and in consideration of being permitted to participate in the the activity, the participant/s releases and forever discharges the activity provider, its owners, directors, officers, employees, agents, assigns, legal representatives, and successors from all manner of actions, causes of action, debts, accounts, bonds, contracts, claims, and demands for or by reason of any injury to person or property, including injury resulting in the death of the participant, which has been or may be sustained as a consequence of the participant’s participation in the activity, and not withstanding that such damage, loss, or injury may have been caused solely or partly by the negligence of the activity provider.
2. The participant understands that the participant would not be permitted to enter or participate in the Z.A.W activity unless the participant signed this waiver.
3. If the participant is under legal age a legal guardian may sign on their behalf and take responsibility for, and be in attendance to ensure safety and for the minors conduct at the event.
4. The participant acknowledges that this waiver is given with the express intention of effecting the extinguishment of certain obligations owed to the participant by the activity provider, and with the intention of binding the participant’s spouse, heirs, executors, administrators, legal representatives and assigns.

5. The participant acknowledges to the Activity provider that the participant does not have any physical limitations, medical ailments, or physical or mental disabilities that would limit or prevent the participant from participating in the activity. If required, the participant will obtain a medical examination and clearance.
6. The participant acknowledges that they are aware of the likelihood of being hit with a toy foam dart or ball, and ensures that they will wear suitable eye protection and suitable attire. That a physical event of falling, tripping, and/or slipping is possible and will not hold the organisers of the event or the Palmerston Shopping Centre liable.
7. This is a photographed event for social media and advertising. If you do not want to be recognised please wear a mask or face-paint to obscure your identity. By signing this waiver you agree to the use of your image.
8. The participant acknowledges and agrees with the activity provider that:
 - 1) The activity provider has given the participant sufficient time to carefully read this waiver.
 - 2) The participant has been given the opportunity and has been encouraged to seek independent legal advice prior to signing this waiver.
 - 3) The participant fully understands the risks and claims that the participant is waiving to participate in the activity.
 - 4) The participant is freely and voluntarily executing this waiver.
 - 5) The participant is forever prevented from suing or otherwise claiming against the activity provider for any property loss or personal injury that the participant may sustain while participating in or preparing for the activity.
9. This waiver will be governed by and construed in accordance with the laws of the Northern Territory.

Name: _____ Phone: _____

Initials: _____ FULL AND FINAL SETTLEMENT GOVERNING LAW
EMERGENCY CONTACT IN WITNESS WHEREOF the participant has duly
affixed their signature on _____ 2025 (Date).

Participant/ Legal Guardian Signature: _____