



Outdoor adventure since 1989

# LASER-TAG GAMES

CONTACT US - 021 790-7608

[www.actionpursuit.co.za](http://www.actionpursuit.co.za)

LASER-TAG PARTY



Please join \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

RSVP: \_\_\_\_\_

please wear jeans/browns/camos and closed shoes

## Action Laser-Tag

Head towards Muizenberg along the M3. Turn right at the T-Junction at the end of the highway +/- 16km. Turn left into Ou Kaapse Weg (M64) Once you are over the mountain (+/- 10km), you will approach a set of traffic lights. Go straight at the bottom of Ou Kaapse Weg Longbeach Mall will be on your right. At the 2nd set of traffic lights, there is a big 4-way intersection. turn right (towards Kommetjie). Drive towards the next set of robots. On your right will be the Snake Park and Imhoffs Gift. Follow the directions for parking on the diagram alongside these directions. There is an amazing farmstall and as well as other restaurants in the area to browse through as well as to sit down for tea/coffee.

Note: Whilst the area is relatively secure, please do not leave any valuables visible in your vehicle. We do not accept any responsibility for any loss or damage to visitors property.



## Parents!! Please sign the indemnity form as an incomplete form invalidates our field insurance in which case your child may not participate.

Please note the minimum age requirement to participate in Action Laser-Tag is of seven years.

I hereby indemnify the owner of Action Pursuit Group cc and Area 51 (APA51), its directors, staff members, sub-contractors and land-owners on whose property any activity may be hosted, from any and all claims, notions, law-suits, procedures, costs, expenses, damages and liabilities, including lawyer's fees and accrued interest arising out of, connected with, or resulting from my or children participating in any activity or event hosted or organized by APA51. I understand and accept that intense physical and mental exertion may occur during the course of these activities and therefore I further warrant that I and / or my children do not have any medical conditions that in any way may endanger myself and / or other participants, prior to, during and / or after participating in the activities.

Note: Persons wishing to sign consent for children other than their own, must ensure that they have the other parent's consent to do so. NB!! If asthmatic, please ensure that the participant has an asthma pump with them.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date o birth: \_\_\_\_\_

Parent's contact number/s: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Medical conditions (if any): \_\_\_\_\_