



# Field Trip Permission Slip



Date	Wednesday, July 24, 2024 ( <b>Week 6</b> )
Location	Dart Warriors Nerf Wars (2 <sup>nd</sup> -Teen)
Cost	\$30 per camper
Notes	The Dart Warriors team will bring everything to our location for our all-out NERF WAR experience including bunkers, blasters, safety materials, and more. Campers will be divided by age group, with each group having 90 minutes of play.

PLEASE BE SURE TO COMPLETE & RETURN **BOTH** THE PERMISSION SLIP & WAIVER

I give permission for \_\_\_\_\_ in camp grade \_\_\_\_\_ to attend the field trip to **Dart Warriors Nerf Wars** on **Wednesday, July 24, 2024 (Week 6)**.

My camper has allergies (please list): \_\_\_\_\_

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[www.DART-Warriors.com](http://www.DART-Warriors.com)  
609-444-6110  
[dartwarriorsnj@gmail.com](mailto:dartwarriorsnj@gmail.com)

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Full Name of Guardian	Email address
Riegel Ridge Community Center	910 Milford Warren Glen Rd, Milford NJ 08848
Name of Event Host	Event Location

July 24, 2024  
Event Date

I understand that I and or person/s which I am guardian of, will be held to a standard of conduct during participation of activities at this DART-Warriors Event. Failure to abide by the rules set forth will result in expulsion from said activity without refund. I also understand that I may decline to participate in any part of activity/activities at any time. I understand that if I refuse to participate, it does not constitute grounds for refund. By signing this waiver I understand that I and or person/s which I am guardian of at this event will be voluntarily engaging in an activity that may involve physical contact and the risk of moderate to serious injury, permanent disability, or death, and may cause severe social or economical loss due to not only my/other players actions or inactions and will not hold DART-Warriors, Eric Dasher and/or any of its representatives, managers, owners, investors, present or not present at this event for any of the above mentioned misfortunes related to participation at this event in perpetuity. Furthermore, I agree that I will not damage any equipment belonging to or provided by DART-Warriors, either on or off premises. I agree to pay for any and all expenses that might relate to the participant's care and treatment of equipment used at this event. I confirm that all participants of which I am Guardian, are five (5) years of age or older. **\*\* NO JUMPING OR BOUNCING ON/OFF, OVER OR MOVING ANY BUNKERS or SHELTERS. GOGGLES STAY ON COVERING EYES AT ALL TIMES.** The first warning of failure to abide by these guidelines or rules set out by event moderator will result in a ten-minute pause for the player and the second warning is termination of remaining time. **\*\* I give DART-Warriors permission and consent to use photo/videos taken during games to be used for promotions in brochures, press releases, and other media. If you would like to remove any photos, please contact us anytime at [dartwarriorsnj@gmail.com](mailto:dartwarriorsnj@gmail.com)**

By signing below, you are acknowledging that an inherent risk of exposure to COVID-19 exists in any place where people are present. By attending and/or participating in the event, you and any guests voluntarily assume all risks related to exposure to COVID-19 and agree not to hold Dart Warriors, Brain Wash Game Shows, Eric Dasher, Austin Dasher, employees, agents, contractors, volunteers, facility owners, and staff liable for any illness and/or injury.

Upon completion, this form will act as a binding waiver.

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Parent/Guardian Signature

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Contact Phone Number

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Full Name of Participant