

THE CHAMBER

TEMPUS FUGIT

DECLARATION OF LIABILITY FOR UNDER-AGE PERSONS

I hereby declare with my signature that I accept full responsibility for the following person(s) who visit The Chamber – Real-Life Gaming amusement centre. I am aware of the safety and business rules and conditions and I accept the responsibility for any damaged property of The Chamber or injury of the below mentioned person(s).

Name(s) of under-age person(s):	Date(s) of birth:

Responsible person:

Date of birth:

Phone number:

Email address:

.....
place date

.....
signature