



I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS ESCAPE THE ROOM EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I understand this activity has potential inherent risks including but not limited to:

(1) Use of simple tools, prop weapons & machinery (2) Special effects including, loud noises, flashing lights, and sudden movement (3) Mental stress and anxiety (4) Being in a reasonably small confined space (5) Physical restraints (6) Crawling, Lifting, falling, & Physical activity (7) Disturbing or graphic images (8) Live animals & insects (9) Physical restraints (10) electrical shocks & vibrations (11) unpalatable foods & smells

I have no physical or mental illness that precludes my participation in a safe manner for myself or others. I am not under the influence of drugs or alcohol which impairs my ability to maintain my safety awareness or endangers others.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity. I agree that all staff or authorized agents may, in their sole discretion, determine it is unsafe for myself or others for my participation to continue, remove me from the premises by any lawful means.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me, THE FOLLOWING ENTITIES OR PERSONS: The directors, owners, employees, volunteers, representatives, and agents of any and all entities authorizing this activity;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that Stelliform Studio is not responsible for any of my personal belongings.

I acknowledge that I am personally and financially liable for any damages I or any member of my group may cause to any property of Stelliform Studio. I understand that I am responsible for my behavior and any misconduct, and should I incur any injury, due to my negligence or that of others, I am responsible for my own medical costs and treatment of any kind related to any event that occurs while attending.

I acknowledge and agree that I will not photograph or record or otherwise copy any portion of my experience unless otherwise granted direct permission from Stelliform Studio. I grant Stelliform Studio permission and



rights to any use of any video, photographs, or content using my likeness for promotional purposes.

I grant that Stelliform Studio may use my contact information to send me e-mails and/or free sms/mms text messages for informational or promotional purposes only. I further acknowledge Stelliform Studio will never sell any of my personal information to third parties.

I acknowledge that the directors, owners, employees, volunteers, representatives, and agents of any authorizing entity are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or Im likeness to be used for any legitimate purpose this authorizing entity decides, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature

Date

Participant's Name
(First,Middle, Last, Please print legibly)

Date of Birth

Parent/Guardian Signature
(If under 18 years old, Parent or Guardian must also sign.)

Date