



Accident Waiver & Release of Liability Form

I, _____ (the Participant) HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ ALL ACTIVITIES ASSOCIATED WITH THIS ESCAPE ROOM, operated by Electric City Escape.

I certify that I understand the above noted activity has potential risks including but not limited to:

- 1) Possibility of moving or lifting objects of less than twenty pounds.
- 2) Dim lighting in rooms.
- 3) Use of locks, keys, and simple tools.
- 4) Mental stress and anxiety.
- 5) Being enclosed in a reasonably small space with up to eight persons.
- 6) Chance of failure to escape in the allotted one-hour time frame.

I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: I waive, release and discharge from any and all liability, including but not limited to, liability arising from 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, officers, employees, volunteers, representatives, and agents of any and all entities authorizing this activity; Indemnify, hold harmless, and promise not to sue the entities or persons mentioned above 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 the directors, officers, employees, volunteers, representatives, and agents of any authorizing entity are not responsible of others 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 certify that I have no physical or mental illness that precludes my participation in a safe manner for myself and others. I am not under the influence of drugs or alcohol which impairs my safety awareness or endangers others.

I understand that while participating in this activity, I may be photographed. I agree to allow the use of my photograph or video to be used for any legitimate purpose this authorizing entity decides including, but not limited to, promotional or advertising use, inclusion on websites and social media pages.

I acknowledge that I am liable for intentionally damaging any items at Electric City Escape.

I understand that I am not permitted to take photographs while participating in this activity.

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

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

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(if participant in under 18 years of age)