

# Accident/Release of Liability Waiver and Media Release Authorization

**I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS HALL OF SHADOWS INC. ESCAPE ROOM EXPERIENCE**, including but not limited to, any risks that may arise from negligence or carelessness on the part of the persons or entities being released (HALL OF SHADOWS INC), 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. Mental stress and anxiety
2. Confinement in a small space with multiple persons
3. Potential of failure to escape the room within the 60 minute allotted time
4. Use of simple tools
5. Potentially moving or lifting objects weighing no more than ten pounds
6. Physical activity
7. Exposure to low-power lasers and strobe lights
8. Sudden and unexpected sound effects

I certify that I have no physical or mental illness that precludes me from participating in this activity 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 /Release of Liability Waiver and Media Release authorization 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, at their sole discretion, determine it unsafe for myself or others for my participation to continue, remove me from the premises by their authorization or any lawful means.

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

**1. 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 (HALL OF SHADOWS INC), for my death, disability, personal injury, property damage, property theft, or actions of any kind which may occur to me, **THE FOLLOWING ENTITIES OR PERSONS:** The directors, officers, registered agents, owners, employees, volunteers, representatives, and agents of any and all entities authorizing this activity, including but not limited to: the property owners.

**2. INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE** the entities or persons (HALL OF SHADOWS INC) mentioned in this form 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, registered agents, owners, employees, volunteers, representatives, and agents of any authorizing entity(HALL OF SHADOWS INC) are **NOT RESPONSIBLE** for errors, omissions, acts, or failures to act of any party or entity conducting specific activity on their behalf.

I hereby consent to receive medical treatment which may be deemed advisable by the released entity (HALL OF SHADOWS INC) in the event of injury, accident, and/or illness during this activity.

I understand that while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose this authorizing entity (HALL OF SHADOWS INC) determines to be conducive to marketing this business.

This Accident/Release of Liability Waiver and Media Release Authorization 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, MEDIA AUTHORIZATION, AND A CONTRACT, AND I SIGN IT OF MY OWN FREE WILL.**

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**Name Of Participant**

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**Signature of Participant or Legal Guardian**

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**Date**