

Escape Room Florence Waiver

In consideration of being permitted to engage in the following activity - Attempting to escape from a locked room which may include, but is not limited to, crouching, kneeling, climbing, crawling, and lifting (hereinafter referred to as the “Activity”) coordinated by Escape Room Florence LLC - which I acknowledge is unsupervised, I acknowledge and agree to, on my own behalf, and on behalf of my personal representatives, heirs, assigns, executors, administrators and next of kin, as follows:

Acknowledgements

I am aware and acknowledge that injury or death may result from my participation in the Activity and from the use of the premises and facilities where the Activity is located or is to occur, or if premises and facilities are not an applicable description, the general area where the Activity is to occur, and the use of any machinery, equipment or apparatus located therein or thereon (collectively the “Activity Premises”).

Upon entering the Activity Premises, I will inspect the same and my observation and my engagement, participation and/or involvement in the Activity shall constitute an acknowledgement that I find and accept them to be safe and reasonably suited for their intended purpose.

I hereby release Escape Room Florence and (collectively, the “Releasees”) from and against any and all liability for any loss, damage, injury, expense, demand or cause of action that I may suffer whether with respect to personal injury, death, damage to or destruction of property, theft or otherwise, which may arise as a result of my presence in, upon or about the Activity Premises or my use of the Activity Premises.

I will indemnify and hold harmless the Releasees, collectively and individually, from any and all losses, liabilities, damages, demands, costs, causes of action and expenses that they may incur, for any reason whatsoever, which may arise as a result of my participation in the Activity, and my presence in, upon or about the Activity Premises.

I acknowledge that the directors, officers, employees, volunteers, representatives, and agents of this 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. 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 understand 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 decides, and assigns. I will be monitored by video camera and may be photographed after

participating in the activity. I hereby consent to give Escape Room Florence, permission to allow my photograph to be displayed, published or distributed.

I understand that being permitted to participate in the above noted activity, there are potential risks including but not limited to:1) Being enclosed in a small room with a group of people.2) Mental stress and similar disorders.3) The use of simple tools and objects.4) Dim lighting in rooms. I acknowledge that I am not permitted to take photos while participating in the activity described above. **NOTICE!! THE SMOKE DETECTORS AND SIRENS IN THE CEILINGS ARE A PART OF OUR ACTIVE FIRE ALARM SYSTEM. YOU ARE NOT TO TOUCH THEM OR ANYTHING ELSE IN THE CEILINGS. IF SOMEONE TOUCHES ANYTHING IN THE CEILING THAT CAUSES THE FIRE ALARM SYSTEM TO TRIP, THE GAME IS IMMEDIATELY OVER AND THE PERSON WHO CAUSED THE SYSTEM TO TRIP WILL BE CHARGED FOR THE COST OF A FALSE ALARM (\$500 - \$1,000+) I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND ESCAPE ROOM FLORENCE, AND SIGN IT OF MY OWN FREE WILL. I acknowledge that I am at least 18 years old. (If the participant is under 18 years old, a Parent/Guardian must sign this contract.)**

_____	_____
Participant's Signature	Date
_____	_____
Parent/Guardian Signature	Date
_____	_____
Participant's Signature	Date
_____	_____
Parent/Guardian Signature	Date
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Participant's Signature	Date
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Parent/Guardian Signature	Date
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Participant's Signature	Date
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Parent/Guardian Signature	Date