



## Escape From Reality Release of Liability and Waiver Agreement

In consideration of being permitted to participate in any/all activities associated with real life escape the room game, operated by Escape from Reality in any location they operate, I \_\_\_\_\_ (the "Participant") WAIVE, RELEASE and DISCHARGE ESCAPE FROM REALITY, it's owners, officers, directors, employees, members, agents, assigns, legal representatives and successors, and all business associates and partners involved in the presentation of the above noted activity and each of them their owners, officers, and employees, from all liability for or by reason of any damage, loss or injury to person and property, even injury resulting in death of the Participant, which has been or may be sustained in consequence of the Participant's participation in the activity described above, and notwithstanding that such damage, loss or injury may have been caused solely or partly by the negligence of ESCAPED FROM REALITY.

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 up to 12 people
- 2) Mental stress and similar disorders
- 3) The use of simple tools and objects.
- 4) Dim lighting in rooms

I acknowledge that while I am participating in the above noted activity, I will be monitored by video camera and may be photographed after participating in the activity described above. I hereby consent to give ESCAPE FROM REALITY permission to allow my photograph to be displayed, published or distributed.

I acknowledge that I am liable for intentionally damaging any items at ESCAPE FROM REALITY.

I acknowledge that I am at least 16 years old. (If the participant is under 16 years of age, a Parent/Guardian must sign this contract.)

I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND ESCAPE FROM REALITY, AND SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

(Signature of Parent/Guardian required only if Participant in under 16 years of age)

Participant Email: \_\_\_\_\_

Participant Phone Number: \_\_\_\_\_