

ACCIDENT WAIVER, RELEASE OF LIABILITY, AND CONSENT FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS ESCAPE 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 risks including but not limited to:

- 1) Use of simple tools;
- 2) Potentially moving or lifting objects of not more than twenty pounds;
- 3) Mental stress and anxiety;
- 4) Being in a reasonably small space with up to eight persons;
- 5) Possibility of failure to escape the room in the allotted time.
- 6) Possibility of falling objects

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, officers, 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 the directors, officers, 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. The undersigned further acknowledges that he/she is voluntarily participating despite the risk of falls, contact and/or crashes with other participants, defective equipment, the condition of the room and any hazards that may be posed by spectators or volunteers. 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 agree that Big Brain Escape Bountiful or any of its assign's has the right to any photos or any video/sound footage of me during the Big Brain Escape Bountiful event. These photos, video footage and sound materials may be used for any marketing purposes.

I fully understand that there are no refunds under any conditions once I purchase my entrance fee.

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
(Please print legibly)

Age
(If Minor)

Parent/Guardian Signature

Date

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