



Time _____ Game _____
of PPL _____ Win/Lose _____

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

MUST BE COMPLETED BY ALL GUESTS AND SIGNED
IF UNDER THE AGE OF 18 *MUST* BE SIGNED BY A PARENT OR LEGAL GUARDIAN

By signing this document you HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS ESCAPE ROOM GAME, 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. By signing below you agree to the following terms and conditions:

- I understand this activity has potential risks including but not limited to:
- Possible moving or lifting objects of not more than twenty pounds
 - Mental stress and anxiety
 - Being in a reasonably small space with up to eight persons
 - Possibility of failure to escape the room in the allotted time.

I have **no** physical or mental illness that prevents my participation in a safe manner for myself or others. I am in good health, and in proper physical and emotional condition to participate and have notified staff of any special needs or considerations that I may require (color-blindness, hearing impairment, dyslexia, etc.) I am not under the influence of drugs or alcohol or anything else that may impair my ability to participate in a safe manner for myself or others.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by Zoya Escape Rooms, and that it will govern my actions and responsibilities at said activity. I agree that all staff may, at their own discretion, determine it is unsafe for myself or others for me to participate and have the authority to remove me from the premises by any lawful means.

By signing this waiver for myself or as the parent or guardian of a minor agree to and accept full responsibility in regards to the following:

(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 Zoya Escape Rooms;

(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 employees and representatives 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. 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 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 DO NOT consent to my photo being used in any print or online forum (social media, website, promotions, etc.).

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	_____ Age (If under 18)	_____ Participant's Signature	_____ Date	_____ Age (If under 18)
_____ Participant's Signature	_____ Date	_____ Age (If under 18)	_____ Participant's Signature	_____ Date	_____ Age (If under 18)
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_____ Participant's Signature	_____ Date	_____ Age (If under 18)	_____ Participant's Signature	_____ Date	_____ Age (If under 18)
_____ Parent/Guardian Signature (If under the age of 18)	_____ Date	_____ Contact Phone Number or Email Address			