

PARTICIPATION WAIVER AND AGREEMENT

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH *THE ROOM*, 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 there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by *the room*, and that it will govern my actions and responsibilities during participation.

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 room*, for my death, disability, personal injury, property damage, property theft.
- (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.

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 ALSO AGREE TO NOT WILLFULLY DAMAGE ANY PROPERTY belonging to *the room* and understand and agree to pay for any damage caused by me whether before, during or after play. I understand that the playing rooms are at all times monitored by video camera and that this video will be used solely for the purposes of monitoring the safety of guests and proving damage of property. Images captured will never be used for any other purpose unless agreed to, in writing, by me.

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 Name (Please print legibly.)	Date	Participant's Signature (If under 18 years old, Parent or Guardian must sign.)
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Office Use Only				
Date / Time	Guests	Room	Payment	Batch