ACCIDENT WAIVER OF LIABILITY AND ASSUMPTION OF RISK FORM

I, _____,HEREBY ACKNOWLEDGE THAT MY PARTICIPATION IN THIS EVENT AT THE DOYLESTOWN ESCAPE ROOM INVOLVES INHERENT RISK OF PERSONAL INJURY TO ME. I KNOWINGLY AND VOLUNTARILY AGREE TO ASSUME ALL OF THE RISKS OF PERSONAL INJURY IN PARTICIPATING IN ANY/ALL ACTIVITIES AT DOYLESTOWN ESCAPE ROOM. I FURTHER KNOWLINGLY AND VOLUNTARILY WAIVE ANY AND ALL CLAIMS OR ACTIONS THAT I MAY HAVE AGAINST DOYLESTOWN ESCAPE ROOM, LLC, ITS OFFICERS, MEMBERS, DIRECTORS, EMPLOYEES, AGENTS, SUCCESSORS AND ASSIGNS (hereinafter collectively referred to as "Doylestown Escape Room") FOR ANY SUCH PERSONAL INJURY, including without limitation, injuries that I may suffer from negligence or carelessness on the part of Doylestown Escape Room, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I understand that injuries might result from: 1) Use of simple tools; 2) Moving or lifting objects; 3) Mental stress and anxiety; 4) Being in a small and confined space with up to fifteen persons; 5) The failure to escape the room in the allotted time. 6) Flashing lights or light effects. I certify that I have no physical or mental illness or condition that precludes my safe participation in this activity. I certify that I am not under the influence of drugs or alcohol, which impairs my own safety or the safety of others. I agree that Doylestown Escape Room and its staff or authorized agents may, in their sole discretion, determine that it is unsafe for me to continue to participate in this activity and may remove me from the premises by any lawful means. In consideration of Doylestown Escape Room permitting me to participate in this activity, I, along with my executors, administrators, heirs, next of kin, successors, and assigns agree as follows: **(A) I WAIVE, RELEASE, AND DISCHARGE DOYLESTOWN ESCAPE ROOM FROM ANY AND ALL LIABILITY, INCLUDING BUT NOT LIMITED TO, LIABILITY ARISING FROM THE NEGLIGENCE OR FAULT OF DOYLESTOWN ESCAPE ROOM, FOR MY DEATH, DISABILITY, PERSONAL INJURY, PROPERTY DAMAGE, PROPERTY THEFT, OR ACTIONS OF ANY KIND WHICH MAY HEREAFTER OCCUR TO ME. (B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE DOYLESTOWN ESCAPE ROOM FROM AND FOR ANY AND ALL LIABILITIES OR CLAIMS THAT I MAY HAVE AS A RESULT OF PARTICIPATION IN THIS ACTIVITY, WHETHER CAUSED BY THE NEGLIGENCE OR FAULT OF DOYLESTOWN ESCAPE ROOM. (C) I ASSUME ALL RISKS ASSOCIATED WITH MY PARTICIPATION IN THE ACTIVITIES AT DOYLESTOWN ESCAPE ROOM.**I consent to medical treatment which Doylestown Escape Room deems necessary 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 Doylestown Escape Room determines. This Accident Waiver of Liability and Assumption of Risk Form shall be construed broadly to provide a release and waiver of liability to the maximum extent permissible under applicable law.

I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE AND WAIVER OF LIABILITY AND A LEGALLY BINDING CONTRACT AND THAT I AM SIGNING IT OF MY OWN FREE WILL.

_____ _____ _____

Participant's Signature Date Time

_____

Participant Name (Please Print)

_____ _____

Parent/Guardian Signature (If Participant is under 18 Years Old) Date

_____

Name of escape room