



# BLACKOUT Waiver Consent Form

**READ THIS WARNING BEFORE ENTERING THIS ATTRACTION!**

This attraction reserves the right to refuse admission to anyone. You will experience intense audio, extreme low visibility, fog, damp or wet conditions, foam, vibrating objects, special effects, food products, vaseline, sudden actions, adult language, physical contact and an overall physically demanding environment.

**DO NOT ENTER** the attraction if you are intoxicated or take medications or have physical limitations that impair your ability to safely make it through the attractions. You will not be admitted if any of these conditions are noticed by our staff.

**DO NOT ENTER IF YOU SUFFER FROM:**

ASTHMA - HEART CONDITIONS - SEIZURES OR ANY TYPE OF MENTAL, PHYSICAL, RESPIRATORY AND OR MEDICAL PROBLEMS.

Although you may be touched, there is no touching of the actors, other customers, or static props inside the attractions. No video or flash photography may be taken inside the attraction. Failure to follow the rules can cause refusal of admittance or being asked to leave the property if any of these rules are not followed. Your ticket is a revocable license and may be taken and admission refused without refund of purchase price. Entering Haunted Hills Hospital entails known and unanticipated risks that could result in physical or emotional injury. Risks may include among other things: slipping, falling, collision with fixed objects or participants, bruises, twists, sprains, breaks, seizures and/or death. Understand that such risks cannot be eliminated without jeopardizing the essential qualities of this activity. By purchasing a ticket to Haunted Hills Hospital, it is expressly understood that you have been made aware of the risks and you agree to assume all risks existing in this activity. Your participation is purely voluntary and you elect to participate in spite of the risks. In consideration and acceptance of entrance into this attraction, holder agrees to release Haunted Hills Inc. and it's employees from any liability resulting in harm, injury or death, cost or expense whatsoever that may arise directly or indirectly from attending this attraction. Also by purchasing a ticket you acknowledge that if anyone is hurt or property is damaged you may be found by a court of law to have waived your right to maintain a lawsuit against Haunted Hills Hospital.

**BY SIGNING BELOW, YOU ARE ACKNOWLEDGING THAT YOU ARE AWARE OF ALL DANGERS/RISKS ASSOCIATED WITH THIS ACTIVITY AND THAT YOU HAVE GIVEN YOUR CONSENT TO PARTICIPATE FULLY IN THIS ACTIVITY AND HAVE WAIVED YOUR RIGHT TO MAINTAIN A LAWSUIT AGAINST HAUNTED HILLS INC. IN THE EVENT OF INJURY OR DAMAGE TO PERSONAL PROPERTY**

_____	_____	_____
(PARTICIPANT SIGNATURE)	(AGE)	(DATE)
_____		_____
(PARENT/GUARDIAN SIGNATURE)		(DATE)