

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

IN CONSIDERATION FOR ALLOWING ME TO PARTICIPATE IN THE GREAT ESCAPE ROOM EXPERIENCE, I, FOR MYSELF, MY FAMILY MEMBERS, MY EXECUTORS, MY HEIRS AND MY SUCCESSORS AND ASSIGNS HEREBY ASSUME ALL OF THE RISKS OF MY PARTICIPATION (AND THOSE OF MY MINOR CHILDREN, IF ANY, NAMED BELOW) AND AGREE TO HOLD HARMLESS the owners, managers, contractors, agents and operating licensees of The Great Escape Room, and each of their respective employees, agents, and authorized third parties (collectively, the "Released Parties"), from and against any claim I may have because of my participation in The Great Escape Room Experience, 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 Released Parties, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from The Great Escape Room.
- (B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Released Parties from any and all liabilities or claims made as a result of my participation at The Great Escape Room.

I certify that I am physically fit for participation in The Great Escape Room and I certify that there are no health-related reasons or problems which preclude my participation in The Great Escape Room experience.

I acknowledge that this Accident Waiver and Release of Liability Form will be used and relied upon by the Released Parties, and that it will govern my actions and responsibilities at The Great Escape Room. I acknowledge that management reserves the right to ask me to leave at anytime.

I acknowledge that Released Parties are NOT responsible for the errors, omissions, acts, or failures to act of any other party or entity conducting a specific event or activity in connection with The Great Escape Room Experience as well.

I acknowledge that my participation in The Great Escape Room experience may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss.

I understand that during my participation in The Great Escape Room experience, I may be photographed, videotaped, or audio recorded. I agree to allow my photo, video, audio recording, or film likeness to be used for any legitimate purpose by the Released Parties or any of their licensees or assigns. I understand that due to the confidential nature of The Great

