

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEAM NAME

201 NE Wilshire Blvd

Suite 104

Burleson, Texas 76028

817-995-1818

I understand that I am participating in an escape game, and that participating in this activity could result in injury to the participant (herein referred to as I, me or minor I assume responsibility for). I hereby certify that I am fit to undertake this activity and that I do not suffer from any physical or psychological conditions that would prevent me from participating in this activity.

I agree to hold Twisted Key Escape Room, LLC, its owners, affiliates, officers, directors, agents, employees, and members, as well the property owner and tenants of the property and the owners comprising Twisted Key Escape Room, LLC (collectively, the Releases) harmless from any and all claims or causes of action arising out of my participation in the escape game.

I expressly release and discharge Twisted Key Escape Room, LLC from any and all liability, claims, demands or causes of action whatsoever arising out of any damage, loss, personal injury or death to me or any minor whom I assume responsibility for, while participating in any of the escape games. This release is valid and effective whether the damage, loss or death is a result of any act or omission (INCLUDING WITHOUT LIMITATION NEGLIGENCE, GROSS NEGLIGENCE, OR STRICT LIABILITY) on the part of any of Twisted Key Escape Room, LLC or from any other cause. This Waiver and Release of all liability includes, without limitation, injuries, illness, or accidents. I acknowledge that my participation or the participation of those I assume liability for is solely at my and/or their own risk.

I or any minor I assume responsibility for are/am participating in the escape game entirely at my/their own risk. I have been informed that lasers, black lighting, and strobe lights could be in use in the rooms during the escape game. I am aware of the risks associated with participating in the Activity, which may include, but are not limited to, physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death. I understand that these injuries or outcomes may arise from my own or others negligence or the condition of the escape game location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my/ their participation in this activity.

I agree that Twisted Key Escape Room, LLC has the right to photograph and/or videotape me and/or us during, before and/or after the escape game activity. These photos, video footage, and sound materials may be used for any exhibitions, marketing, promotional and/or advertising purposes without reservation or limitation.

In the event that any damage to equipment or facilities occurs as a result of my or those whom I assume responsibility for, willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

I acknowledge that I have carefully read this waiver and release and fully understand that it is a release of all liability and a waiver of any right that I or those whom I assume responsibility for may have to bring a legal action or assert a claim for injury or loss of any kind against releases. If any attempt for such claim is made, I understand that I will be responsible for all defense costs incurred by releases.

I have read the above, been given the opportunity to ask questions, understand its content, and agree to the terms as stated above.

 Minor

Printed name \_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No

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 Signature of Parent/Legal Guardian of minors \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_