Escaped In Time, LLC. RELEASE OF LIABILITY AND WAIVER AGREEMENT



Escaped In Time, LLC operates and/or conducts room escape adventures. Participating in a room escape can or could result in injuries to the participant. The participant, be executing his or her signature to this agreement, does hereby release, waive, discharge and covenant not to sue Escaped In Time, LLC, its officers, members, promoters, owners, employees, contractors, or business partners from any and all liability, injuries, or any and all other claims and damages as a result of participating in such event sponsored by Escaped In Time, LLC. Furthermore, the participant, on behalf of his/her personal representatives, assigns, heirs, and next of kin, does herby release any and all claims, damages, injuries, incurred by the participant in regards to the participation in such events. Participants agree to hereby release any and all claims, of whatever kind of nature, present and future, damages and injuries.

The participant acknowledges that he/she is voluntarily participating despite the risk of falls, contact, and/or running into any participants, defective equipment and the condition of the room or items within the room. The participant understands that there may be uneven flooring, the use of audio effects, the use of olfactory effects as special effects, and decorative lighting such as low light levels, flashing lights, etc. while the game is in play. People with severe allergies sensitivity to light and noise should take caution when participating.

Escaped In Time, LLC or any of its assignees has the right to any photos or any video/sound footage of the participant during the Escaped In Time, LLC event. These photos, video footage and sound materials may be used for any marketing purposes Escaped In Time, LLC assigns or may be a participant. No compensation or fees for use of photos, videos, etc. will be considered.

The participant fully understands that there are no refunds under any conditions once purchase or booking is complete.

The undersigned(minor'	(Parent/Guardian), the parent and natural or legal guardian of (minor's full name) herby acknowledges that he/she has executed the foregoing RELEASE for and		
on behalf of the minor named herein and agre successors, and assigns to the terms of the forg hospital or other medical or healthcare facility such injuries. I consent to the administration o	e to bind myself, the going Release. I her to treat the said mi of all medical care at	e minor, his/her executors, administrators, heirs, ne eby authorize any licensed physician, emergency monor named herein for the purpose of attempting to tamy personal expense. By signing this agreement, I ages, with anyone involved with the Escaped In Tim	xt of kin, edical technicia treat or relieve agree that I or t
Print Participant's Name (print & sign)	 Date	Print Participant's Name (print & sign)	 Date
Print Participant's Name (print & sign)	Date	Print Participant's Name (print & sign)	Date
		Print Participant's Name (print & sign)	 Date

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