

NSB ESCAPE ROOM WAIVER

I fully understand the nature of the activity I am about to participate in and agree that I am in good health, and in proper physical and emotional condition to participate in such activity. I agree that if, at any time, I believe the conditions to be unsafe, or if I am unfit for any component of participation, I will immediately discontinue participating in the activity.

I agree to allow New Smyrna Beach Escape Room to photograph my participation and give all rights to publish, reproduce and use these photographs in any way without my permission.

I am aware that the activity involves: simulated confinement in a room(s), mentally intense situations and may be physically intense and/or induce stress. Physical activity may include, but is not limited to, standing, bending, reaching, lifting, limited vision, variations of lighting, feelings of pressure, enclosed space, etc. This list is not intended to be an exhaustive list of all exposures that may occur in an activity.

I accept and agree that I will be held responsible for any monetary damages caused by my actions or negligence while participating in the game. I also understand that I may be asked to leave the room at any time if the room host feels that I am being unnecessarily destructive during game play or a being disruptive to the rest of the group. I accept and agree that there will be no cell phone use in the room.

Risks and dangers of injury, pain or suffering may be caused by my own actions, inactions, negligence, condition of the premises, the actions or inactions of others participating in the activity, or the conditions in which the activity takes place. I fully understand and acknowledge that New Smyrna Beach Escape Room's liability for negligence for personal injury, property damage and loss is limited to the price paid for admission.

I acknowledge that I am 16 years or older*, have read and fully understand this agreement and it's terms. I understand that I have given up substantial rights by signing it and have signed freely and without inducement. I acknowledge and agree that this is a complete and unconditional release of all liability to the greatest extent allowed by the law.

Printed Name

Date

Email Address (so we can let you know when new rooms open!)

Phone Number

FL resident? YES NO

Signature

*Signature of parent or guardian if participant is under the age of 16

Date

