

## NEW SMYRNA BEACH ESCAPE ROOM WAIVER

I, acknowledge, agree, and represent that I understand the nature of the activity I am about to participate in and that I am qualified, in good health, and in proper physical and emotional condition to participate in such activity. I further agree and warrant 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 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 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, constraints, etc. This list is not intended to be an exhaustive list of all exposures that may occur in an activity. I acknowledge that I have been informed by New Smyrna Beach Escape Room that if I have any health limitation then I may choose not to participate in the Activity and a full refund will be provided.

I fully understand that: This activity involves risks, dangers of serious bodily injury, pain, suffering, illness, permanent disability, paralysis, and death. These risks and dangers may be caused by my own actions, inactions, negligence, condition of the premises, the actions or inactions of others participating in the activity, the conditions in which the activity takes place, or the negligence of New Smyrna Beach Escape Room, located at 116 Canal Street in New Smyrna Beach, FL. I fully accept and assume all such risks, known and unknown, and full responsibility for losses, costs and damages I incur as a result of my participation, or that of the minor named below, in the activity, including travel to, from and during the activity.

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 AGE 18 OR OLDER\*, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

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Printed Name

Date

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

Phone Number

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Signature

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\*Signature of parent or guardian if participant is under the age of 18

Date

