

Game Date & Time:



ESCAPE ROOM ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH TIME LOCK'D ESCAPE ROOM EVENTS, including by way of an example and without limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I understand this activity has potential risks including, but not limited to:

1. Use of simple tools.
2. Potentially moving or lifting objects of not more than 25lbs.
3. Mental stress and anxiety.
4. Being in a reasonably small space with up to 4 other players.
5. Possibility of failure to escape from the room in the allotted time.
6. Possibility of falling objects.
7. The use of electrical equipment, lighting and sound (we do not use any Strobe effect lighting).

I have no physical or mental illness that precludes my participation in a safe manner for myself and others. I am not under the influence of drugs or alcohol which impairs my ability to maintain my safety awareness or endangers others. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the organisers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity. I agree that all staff or authorised agents may, in their sole discretion, determine it is unsafe for either myself or others for my participation to continue, remove me from the premises by any lawful means.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns 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 entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me, THE FOLLOWING ENTITIES OR PERSONS: The directors, officers, employees, volunteers, representatives, Timelock'd Ltd and agents of any and all entities authorising this activity;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that the directors, officers, employees, volunteers, representatives, Timelock'd Ltd and agents of any authorising entity are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf. The undersigned further acknowledges that he/she has inspected the facilities, equipment, and areas to be used for the Timelock'd Escape Rooms and is voluntarily participating despite the risk of falls, contact and/or crashes with other participants, defective equipment, the condition of the room and any hazards that may be posed by spectators or volunteers.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I agree that Time Lock'd Ltd or any of its assign's has the right to any photos or any video/sound footage of me during the Time Lock'd Escape Room event. These photos, video footage and sound materials may be used for any marketing purposes.

I fully understand that any refunds made are completely at the management's discretion.

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The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

WHEN REGISTERING ONLINE, BY CONFIRMING MY BOOKING, THIS SHALL SUBSTITUTE FOR AND HAVE THE SAME LEGAL EFFECT AS IF I HAD SIGNED A WAIVER AND RELEASE AGREEMENT.

_____	_____	_____	_____
Participant's Signature	Date	Participant's Name	Age

_____	_____	_____	_____
Participant's Signature	Date	Participant's Name	Age

_____	_____	_____	_____
Participant's Signature	Date	Participant's Name	Age

_____	_____	_____	_____
Participant's Signature	Date	Participant's Name	Age

_____	_____	_____	_____
Participant's Signature	Date	Participant's Name	Age

CHILDREN'S RELEASE: For all persons under eighteen (16) years of age a parent or legal guardian must sign the following acknowledgment.

The undersigned _____ (parent/guardian) the parent and natural or legal guardian of _____ (minor's name) hereby acknowledges that he/she has executed the foregoing Release for and on behalf of the minor named herein and agree to bind myself, the minor, his/her executors, administrators, heirs, next of kin, successors, and assigns to the terms of the foregoing Release. I hereby authorise any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve such injuries. I consent to the administration of all medical care. By signing this agreement I agree that I or the part of my responsible party lose my/our right to sue anyone involved with the Timelock'd Escape Rooms.

WHEN REGISTERING ONLINE, BY CONFIRMING MY BOOKING, THIS SHALL HAVE THE SAME LEGAL EFFECT AS IF I HAD SIGNED A WAIVER AND RELEASE AGREEMENT. PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF AN ADULT PARTICIPANT OR PARENT AND DATE ARE NOT SIGNED AT THE TIME AND PLACE OF THE EVENT.

_____	_____	_____
Print Participant's Name	Age	Date

_____	_____
Parent/Guardian Signature	Date