



Waiver of Liability

Conundrum Escapes, LLC. 41-A Technology Dr., Garner, NC 27529

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS ESCAPE ROOM EVENT. I understand this activity has potential risks including but not limited to: use of simple tools, potentially moving or lifting objects of not more than twenty pounds, mental stress and anxiety, being in a reasonably small space with up to ten persons, possibility of failure to escape the room in the allotted time, and possibility of falling objects. I have no physical or mental illness that precludes my participation in a safe manner for myself or others. I am not under the influence of drugs or alcohol. I acknowledge that this form will be used by the organizers of the activity in which I participate, and that it will govern my actions and responsibilities at said activity. I agree that all staff or authorized agents may, in their sole discretion, determine it is unsafe for myself or others for my participation to continue, remove me from the premises by any lawful means.

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, and agents of any and all entities authorizing 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 above-mentioned persons are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf. I agree that Conundrum Escapes or any of its assign's has the right to any photos or any video/sound footage of me during the Conundrum Escapes event. These photos, video footage and sound materials may be used for any marketing purposes. I consent to restraint within confines of the gameplay, be it behind a locked door or in shackles or handcuffs, and understand that at any time, any employee of Conundrum Escapes can release me from said restraint if needed.

I agree to pay for all damages to the facilities of Conundrum Escapes caused by my or my group's negligent, reckless, or willful actions. I agree NOT TO UNPLUG anything within the individual game rooms, as this may cause certain puzzles to not operate correctly and gameplay to be halted. I fully understand that there are no refunds under any conditions once I purchase my entrance fee.

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.

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Participant's Signature                      Date                      Participant's Name                      Age                      (Please print legibly)

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Parent/Guardian Signature                      Date                      (If under 18 years old, Parent or Guardian must also sign.)