

ESCAPE ROOM DUBUQUE - RELEASE OF LIABILITY

I, the Participant in an event at Escape Room Dubuque or the parent or legal guardian of a Participant, know, understand and agree that this entertainment involves both known and unknown risks.

Signing on my own behalf, I agree as a condition of being allowed to participate in the event that I freely accept and voluntarily assume all risks of personal and/or emotional injury, death, or property damage, AND I HEREBY AGREE TO DEFEND, RELEASE, INDEMNIFY AND HOLD HARMLESS VISUAL EDUCATION CENTER, INC. D/B/A ESCAPE ROOM DUBUQUE, ITS PARENT AND/OR SUBSIDIARY COMPANIES, AND ITS AGENTS, EMPLOYEES, DIRECTORS, OFFICERS, AND SHAREHOLDERS FROM ANY AND ALL CLAIMS, DEMANDS, EXPENSES (INCLUDING ATTORNEYS' FEES AND EXPENSES) AND LIABILITY ARISING FROM OR RELATING IN ANY WAY TO ITS ALLEGED NEGLIGENCE OR FAULT, CONDITIONS ON OR ABOUT THE PREMISES AND FACILITIES, THE OPERATIONS OF THE EVENT, OR MY PARTICIPATION IN THE EVENT OR OTHER ACTIVITIES ON THE PREMISES, ACCEPTING FOR MYSELF THE FULL RESPONSIBILITY AND LIABILITY FOR ANY AND ALL DAMAGE OR INJURY OF ANY KIND WHICH MAY RESULT.

Signing on behalf of another(the "Participant") (as parent or legal guardian), I agree TO DEFEND, INDEMNIFY, AND HOLD HARMLESS VISUAL EDUCATION CENTER, INC. D/B/A ESCAPE ROOM DUBUQUE, ITS PARENT AND/OR SUBSIDIARY COMPANIES, AND ITS AGENTS, EMPLOYEES, DIRECTORS, OFFICERS, AND SHAREHOLDERS FROM ANY AND ALL CLAIMS, DEMANDS, EXPENSES (INCLUDING ATTORNEYS' FEES AND EXPENSES) AND LIABILITY ARISING FROM OR RELATING IN ANY WAY TO ITS ALLEGED NEGLIGENCE OR FAULT, CONDITIONS ON OR ABOUT THE PREMISES AND FACILITIES, THE OPERATIONS OF THE EVENT, OR THE PARTICIPANT'S PARTICIPATION IN THE EVENT OR OTHER ACTIVITIES ON THE PREMISES.

Further, I agree to visually inspect the facilities prior to and during my use of the facilities. If I am not willing to accept the risk of injury associated with the event I will not participate. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation by contacting the game master via the intercom located within the event space.

In signing below, I certify that I have read, understand and accept this Release of Liability Agreement. I also understand this Release of Liability to be legally binding.

Date: _____

(Participant's Signature)

(Please Print Your Name)

(Signature of Parent or Guardian if participant is under 18 years of age)