

## RALEIGH ROOM ESCAPES, LLC RELEASE AND WAIVER AGREEMENT

Raleigh Room Escapes, LLC operates and/or conducts theatrical and immersive room escape team building events. Participating in a room escape can or could result in injuries to the participant. The participant, by executing his or her signature to this release, does hereby release, waive, discharge and covenant not to sue Raleigh Room Escapes, LLC, its officers, members, promoters, owners, employees, contractors or business partners from any and all liability, injuries, incurred by the participant in regards to the participation in such events. Participants agree to hereby release and and all claims, of whatever kind of nature, present and future, damages and injuries.

Participant assumes full responsibility for and risk of bodily injury, death or property damage due to negligence or non-negligence of Raleigh Room Escapes, LLC, its owners, employees, contractors in the Trapped In A Room With A Zombie, Formula Of Escape or Escape The Tramping Ground event. The undersigned further acknowledges that he/she is voluntarily participating despite the risk of falls, contact and/or crashes with other participants or zombie actors, defective equipment, and the condition of the room.

Participant in consideration of being permitted to participate in the Trapped In A Room With A Zombie, Formula Of Escape or Escape The Tramping Ground event acknowledges the risks and hazards involved in and arising from the attending, participating in, or as a spectator or bystander, of any event at Trapped In A Room With A Zombie, Formula Of Escape or Escape The Tramping Ground including, but not limited to the additional risks of being hit by flying objects, falling, and does for himself or herself, his or her heirs, executors, administrators, and assigns, release and forever discharge Raleigh Room Escapes, LLC, their contractors and actors of and from any and every claim, demand, action, or whatsoever kind or nature, either in law or in equity arising from or by reason or any bodily injury or personal injuries known or unknown, death and/or property damage resulting or to result from any accident which may occur as a result of participation in Trapped In A Room With A Zombie, Formula Of Escape or Escape The Tramping Ground or any activities in connection with Trapped In A Room With A Zombie, Formula Of Escape or Escape The Tramping Ground, whether by negligence or non-negligence or from any and all other incidents of harm and/or ill-will.

I comprehend the risks involved with participating as a spectator or participant. I assume all risks associated with participating in the Trapped In A Room With A Zombie, Formula Of Escape or Escape The Tramping Ground including paralysis and death cause by course and contact with other participants or actors. I agree that Raleigh Room Escapes, LLC or any of its assigns's has the right to any photos or any video/sound footage of me during the Trapped In A Room With A Zombie, Formula Of Escape or Escape The Tramping Ground event. These photos, video footage and sound materials may be used for any marketing purposes. I fully understand that there are no refunds under any conditions once I purchase my entrance fee.

I comprehend that failure to adhere to rules laid out by Raleigh Room Escapes, LLC, will result in my removal from the building in order to dissuade any possible danger that I run the risk of causing to myself, other participants, and/or Raleigh Room Escape, LLC, actors and/or property.

### RALEIGH ROOM ESCAPES, LLC, CHILDREN'S RELEASE

For all persons under eighteen (18) years of age a parent or legal guardian must sign the following acknowledgement. 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, hi/her executors, administrators, heirs, next of kin, successors, and assigns to the terms of the foregoing Release I hereby authorize 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 part of my responsible party lose my/our right to sue anyone involved with Trapped In A Room With A Zombie, Formula Of Escape or Escape The Tramping Ground

Print Participant's Name	Date	Participant's Signature	Date	Event ( <i>Zombie/Formula/Tramping</i> )
_____	_____	_____	_____	_____

### RALEIGH ROOM ESCAPES, LLC, CHILDREN'S RELEASE (repeated)

For all persons under eighteen (18) years of age a parent or legal guardian must sign the following acknowledgement. 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, hi/her executors, administrators, heirs, next of kin, successors, and assigns to the terms of the foregoing Release I hereby authorize 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 part of my responsible party lose my/our right to sue anyone involved with Trapped In A Room With A Zombie, Formula Of Escape or Escape The Tramping Ground

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