ACCIDENT WAIVER/ RELEASE OF LIABILITY FORM/ INFORMED CONSENT

Escape the Glitch –Hosted by TraMcK Connections, LLC

IN CONSIDERATION FOR ALLOWING ME TO PARTICIPATE IN THE ESCAPE THE GLITCH ESCAPE ROOM EXPERIENCE, I, for myself, my family members, my executors, my heirs, and my successors and assigns, hereby assume all of the risks of my participation (and those of my minor children, if any, named below) and agree to hold harmless TraMcK Connections, LLC, its owners, managers, contractors, agents, facilitators, venue operators, and any affiliated organizations (collectively, the "Released Parties"), from and against any claim I may have because of my participation in the Escape the Glitch Experience, as follows:

1. RISK ACKNOWLEDGEMENT

I understand that participating in an escape room activity entails risks such as:
(a) moving or lifting objects weighing less than 10 pounds;
(b) mental stress and anxiety;
(c) being in a small enclosed space with up to 10 people for the duration of the activity;
(d) encountering falling objects;
(e) being and moving in dark or dimly lit environments; and
(f) encountering sharp objects or corners.
Initials: _____

I have no physical or mental ailment that would prevent me from participating safely, and I am not under the influence of drugs or alcohol that would impair my ability to participate.
Initials: _____

2. WAIVER, RELEASE, AND DISCHARGE

I waive, release, and discharge from any and all liability, including but not limited to liability arising from the negligence or fault of the Released Parties, for my death, disability, personal injury, mental anguish, property damage, property theft, or actions of any kind which may hereafter occur to me, including travel to and from the Escape the Glitch Experience.
Initials: _____

3. INDEMNIFICATION

I agree to indemnify, hold harmless, and promise not to sue the Released Parties from any and all liabilities or claims made as a result of my participation, including liabilities waived, released, or

discharged herein.
Initials: _____

4. FITNESS TO PARTICIPATE

I certify that I am physically and mentally fit for participation in the Escape the Glitch Experience and that there are no health-related reasons or problems which preclude my participation.
Initials: _____

5. EVENT POLICIES

I agree to follow all rules and policies as posted or explained. I understand management may, at its sole discretion, determine whether it is safe for me or others to continue. I accept that once I pay my entrance fee, there are no refunds, including if my participation is halted for safety or policy violations.
Initials: _____

6. RESPONSIBILITY FOR DAMAGES

I accept that I am responsible for my actions and behavior during this activity and will be held liable for any damage I cause to the escape room, its features, or personal property.
Initials: _____

7. CONFIDENTIALITY

I acknowledge that the puzzles, solutions, and materials are proprietary to TraMcK Connections and agree not to disclose them.
Initials: _____

8. PHOTOGRAPHY/RECORDING CONSENT

I understand that during my participation I may be photographed, videotaped, or audio recorded. I agree to allow my image, likeness, or voice to be used for legitimate purposes by the Released Parties unless I opt out in writing before the event. I understand that I am not permitted to record, photograph, or video the experience unless authorized.
Initials: _____

9. MEDICAL TREATMENT

I agree to undergo medical treatment if I am injured or become unwell during the activity.
Initials: _____

10. CEU REQUIREMENTS

If participating for continuing education credit, I understand I may be required to sign in/out, complete evaluations, and meet participation requirements to receive CEUs.
Initials: _____

11. GOVERNING LAW

This waiver shall be construed broadly to provide a release and waiver to the fullest extent permissible by law. Venue for any legal action will be the jurisdiction where the event is held.
Initials: _____

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.
I am aware this is a waiver and release of liability and a contract, and I sign it of my own free will. My online signature shall have the same legal effect as a handwritten signature.

Participant Name: _____
Signature: _____
Date: _____
If under 18, Parent/Guardian Signature: _____

Emergency Contact Name & Phone: _____