



Minor Release Form

For all persons under eighteen (18) years of age a parent or legal guardian must sign the following acknowledgment. The undersigned (parent/guardian) _____ is the parent and natural or legal guardian of (minor's name) _____ and 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 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 the part of my responsible party lose my/our right to sue anyone involved with ONE WAY OUT. By signing this minor release form, you have agreed the minors who are listed below are allowed to participate in ONE WAY OUT, and you have read and you have agreed to the terms and conditions on the ONE WAY OUT's Participant Release and Waiver Agreement which is included.

Emergency Contact Phone Number

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature

Date

Print Minor #1 Name

Signature

Date

Print Minor #2 Name

Signature

Date

PLEASE REVIEW AND SIGN BOTH PAGES.

(If additional participants are attending in your group, please have them print, sign and date in the blank space.)



Participant Release and Waiver Agreement

One Way Out conducts escape the room adventures. 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 ONE WAY OUT, its officers, members, promoters, owners, employees, contractors or business partners from any and all liability, injuries, or any and all other claims and damages as a result of participating in an event sponsored by ONE WAY OUT. Furthermore, the participant, on behalf of his personal representatives, assigns, heirs, and next of kin, does hereby release any and all claims, damages, injuries, incurred by the participant in regards to the participation in such events. Participants agree to hereby release any 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 ONE WAY OUT its, owners, employees, contractors in the Escape the Room event. The undersigned further acknowledges that he/she is voluntarily participating despite the risk of falls and hazards.

Participant in consideration of being permitted to participate in the escape the room 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 ONE WAY OUT 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 ONE WAY OUT, their contractors and actors, of and from any and every claim, demand, action or right of action, of whatsoever kind or nature, either in law or in equity arising from or by reason of 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 Escape the room or any activities in connection with ONE WAY OUT, 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 Escape the room, including paralysis and death caused by course and contact with other participants or actors. I agree that ONE WAY OUT or any of its assign's has the right to any photos or any video/sound footage of me during this Escape the room 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. By signing below, you acknowledge that you have read and agree to the terms and conditions set forth above in the Participant Release and Waiver Agreement.

Print Participant #1 Name

Participant's Signature

Date

Print Participant #2 Name

Participant's Signature

Date

PLEASE REVIEW AND SIGN BOTH PAGES.

(If additional participants are attending in your group, please have them print, sign and date in the blank space.)