

Maine Adventure Courses, LLC Release of Liability, Assumption of Risk and Indemnity

YOU MUST READ AND SIGN THIS DOCUMENT BEFORE PARTICIPATING *instructor:*

I, (Please print name) _____ wish to participate in The Escape Room (Hereinafter “the Event”) provided by Maine Adventure Courses, LLC (Hereinafter “The Company”) on (print date) _____.

I am 18 years old or older. If I am not 18 years or older, I have obtained permission from my parent or guardian to participate in the Event. To the best of my knowledge, I am in good physical condition and fully able to participate in this Event. I acknowledge and accept that the Event is a physically challenging and does involve risks. I am fully aware of the risks and hazards connected with the participation in this Event, including physical injury or even death, and hereby elect to voluntarily participate in said Event, knowing that the associated physical activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this Event, whether caused by the neglectance of releasees or otherwise.

I agree to participate in the Event in accordance with the Safety Rules that have been explained to me by the instructor before participating in the Event. I am responsible for my own safety. I acknowledge that if I do not participate in accordance with the stated Safety Rules , I will be asked to remove myself from the Event and no refund will be made by the Company at all times. I hereby RELEASE, WAIVE, DISCHARGE, Maine Adventure Courses, LLC, its officers, servants, agents and employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me while participating in physical activity, or while on or upon the premises where the event is being conducted. I further COVENANT NOT TO SUE the Company, its officers, servants, agents, and employees for or on account of any claims released by me herein.

This Release and Waiver of Liability, Assumption of Risk, and Agreement shall be binding upon my heirs, personal representatives and assigns, and me. Should I or my successors assert a claim in contravention of this agreement, I or my successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending, unless the other party or parties are financially adjudged liable on such claim for willful and wanton negligence. I agree that the Release of Liability extends to all acts of negligence by the releasees, is intended to be broad and inclusive as is permitted by law, and shall be governed and constructed under the laws of the State of Maine.

In signing this release, I acknowledge and represent that I HAVE READ THE FOREGOING Waiver of Liability, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature

Print Name

NAMES AND AGES OF CHILD(REN) UNDER 18 YEARS I WILL BE RESPONSIBLE FOR:

Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age: