



ESCAPE ROOM LUTZ FL,- RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. PLEASE READ THIS DOCUMENT CAREFULLY, BY SIGNING IT YOU ARE GIVING UP LEGAL RIGHT.

FOR THE VALUABLE CONSIDERATION OF PARTICIPATING IN THIS ESCAPE ROOM AND/OR USE OF THE PROPERTY, PARKING, AND FACILITIES SERVICES LOCATED AT 18420/18422 Livingston Ave., Lutz FL 33559 ("Activity")

THE ESCAPE ROOM (LOST IN LUTZ LLC) RESERVES THE RIGHT TO REFUSE ENTRY TO THE ESCAPE ROOM FACILITY IF THE EMPLOYEES OR STAFF BELIEVES THAT PARTICIPANT(S) COULD CREATE A RISK OR HARM TO THEMSELVES OR OTHER PARTICIPANTS.

- 1) I agree to observe and obey all posted rules and warnings, (for myself and if applicable), as guardian of any minor participating in the following or a sole representative for me and my family members named on it.
- 2) I recognize that there are certain inherent risks associated with the Activity, as the Activity involves by way of example, and not as an exhaustive list-simulated confinement in a room, mentally challenging situations and physical activities such as but not limited to standing, bending, lifting, reaching and moving objects; usage of simple tools, limited vision, variation of lighting, strobe lights, etc. I assume all responsibility for all such risks, including without limitation, personal injury or death to myself, and (if applicable) any minor for which I am guardian, and further release and discharge **Lost In Lutz, LLC**, whether caused by the fault of myself, Lost in Lutz, LLC or any third parties. I acknowledge that I have been informed by Lost in Lutz, LLC that if I have any health limitations then I may choose not to participate in the Activity.
- 3) I agree to indemnify, defend and hold harmless, **Lost In Lutz, LLC**, it's owners, administrators, directors, managers, agents, officials, insurers, affiliates, successors and assigns, in their official and individual capacities, and owners and lessors of the Premises on which the Activity is conducted against all claims, causes of action, damages, judgments, losses, costs or expenses, including without limitation, attorney fees and other litigation costs, which may in any way arise from my use of or presence upon the facilities of.
- 4) I agree to pay for all damages to the facilities of **Lost In Lutz, LLC** caused by me or my minor's, negligent, reckless, or willful actions.
- 5) I agree that **Lost In Lutz, LLC**, or It's employees, representatives or agents have the right to any photos or any video/sound footage of me during the Escape Room Lutz FL Activity. I GIVE **LOST IN LUTZ, LLC** ALL RIGHTS TO MARKET, PUBLISH, REPRODUCE (IN ANY OR ALL MEDIA) AND OTHERWISE USE THE RECORDINGS WITHOUT MY PERMISSION.
- 6) I agree and acknowledge that I am age 18 or older, under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing.
- 7) This Waiver and Release of Liability includes, without limitation, injuries or accidents, which may occur as a result of the (a) use or misuse of the facilities in any way by anyone, (b) use of any equipment that malfunctions or breaks, (c) improper maintenance of the facility, grounds, or any equipment, (d) instruction or supervision, or (e) slipping, tripping and/or falling while in the facility or on the surrounding premises.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

I FUTHER UNDERSTAND THAT NO PERSON HAS PERMISSION TO USE THE LOST IN LUTZ, ESCAPE ROOMS FACILITY WITHOUT AN EFFECTIVE AND VALIDLY SIGNED RELEASE AND PARENTAL/GUARDIAN WAIVER OF LIABILITY.

_____	_____	_____
Print Participants Name	Signature of Participant	Date signed
_____	_____	_____
Print Participants Name	Signature of Participant	Date signed
_____	_____	_____
Print Participants Name	Signature of Participant	Date Signed

MINOR RELEASE: (MUST BE COMPLETED BY PARENT/GUARDIAN FOR PARTICIPANT UNDER THE AGE OF 18) And I, the above named Minor's parent and/or Legal guardian, understand the nature of the Activity and the Minor's experience and capabilities and believe the Minor to be qualified and in good health, and in proper physical and emotional condition to participate in the Activity. I have read in full and agree to this Release and Waiver of Liability, Assumption of Risk and indemnity Agreement with Parental Consent and agree to all terms on behalf of the Minor, including, without limitation, photos and videotaping.

