

Cryptic Quest Escape Room Adventures
2723 Bragg Blvd
Fayetteville, NC 28303
(910) 263-8946

Participation Waiver: Release of Liability, Assumption of Risk, and Activity Rules

A waiver must be signed for each participant.

Please read this document carefully. By signing it, you are agreeing to the set rules and regulations at cryptic quest, assuming the responsibility of any risk or injury, and waiving liability and privacy rights with respect to game participation for yourself and any (all) minor participants you represent.

Notice: Cryptic Quest owners reserve the right to refuse entry to their games and facilities of any participants that appear to pose a risk of harm to themselves or other participants.

In proper consideration and exchange for being permitted to participate in Cryptic Quest activities, I agree that I and all minor individuals I represent on this form are participating in the Cryptic Quest Escape Room Adventure activities voluntarily. As such, it is my voluntary and informed decision to release any future lawsuits or claims that I or the minor individuals I represent may have against Cryptic Quest and its owners and employees as well as the property owner and subsequent tenants of the property. I make this voluntary agreement on behalf of myself and the minor individuals I represent and any successors or heirs.

I expressly release and forever discharge Cryptic Quest and its owners and employees from any and all liability, claims, demands or causes of action whatsoever arising from any unlikely but possible occurrence of damage, loss, or personal injury during our activities at Cryptic Quest facilities. Should any claim be made, I understand and agree that I will be responsible for all attorney's fees and defense costs incurred on behalf of Cryptic Quest and its owners in connection with, and in the defense of, that claim.

Additionally, in the unlikely event of a medical emergency I authorize any licensed physician, emergency medical technician, or other trained medical professional to treat injuries to myself and / or any minor individuals I represent herein as parent or guardian.

Activity Rules and Regulations:

- I understand that no person has permission to use the Cryptic Quest escape room adventure facilities or property without an effective and validly signed "**Participation Waiver: Release of Liability, Assumption of Risk and Activity Rules**" including a parental/Guardian Waiver signature when relevant.
- I understand that there are certain inherent risks associated with this activity and I assume responsibility for myself and any minors for which I am signing in connection with participation. Cryptic Quest, its owners, employees and staff will not be held liable for any personal injury, loss, or damages resulting from participation in this activity.
- I am aware that this activity may include flashing or strobe lights, tight spaces, or other sensory effects. If I or any of the minor participants I represent have health conditions or sensitivities that may be adversely affected by these situations, I or the relevant minor participant I represent will not participate in the activity.
- I understand that Cryptic Quest escape room adventure games may contain up to 8 participants and that there may be people in the room that are previously unknown to me.
- I agree to pay for any damages to Cryptic Quest facilities or property caused by myself or any minor participant I represent due to negligent, reckless, or willful actions. I further agree to be held liable for any monetary losses Cryptic Quest or its owners may experience for time that the facility or property is inoperable due to these damages. If Cryptic Quest owners, employees or staff observe unacceptably risky or unruly behavior on the part of any participant, Cryptic Quest owners reserve full right to eject (from the game and the premises) said participant and no refund will be given.
- I acknowledge that participation in the game activities yields certain information that must remain confidential to ensure the continued success of Cryptic Quest escape room adventures. I agree that any process and solution information obtained during the participation will be maintained in confidentiality.
- I understand it is important that all participants arrive on time for a scheduled game. If I or the minor participant(s) I represent arrive after the scheduled game has started, the late participant(s) will not be allowed to enter or participate in the

game and no refund will be given. If I or the minor participants I represent are no-shows for the scheduled game, without making appropriate prior arrangements, I acknowledge that the scheduled game will proceed without me and / or the minor participants I represent and that no refunds will be given for the no-shows.

- I understand the Cryptic Quest owners reserve full right to refuse participation to anyone under the influence of drugs or alcohol and no refund will be given. I further understand that the use of profane, vulgar, or abusive language will not be tolerated. The Cryptic Quest owners reserve full right to eject (from the game and the premises) any and all participants that demonstrate flagrant disregard of this requirement and no refund will be given.
- I agree that I and the minor participant(s) I represent will observe all posted rules and warnings and to follow any verbal instructions given by employees or staff of Cryptic Quest.
- I understand and agree that personal belongings, including cell phones, must be stored in the locking bins provided for the duration of the game. Anyone concerned about being reached in the event of an emergency may provide the Cryptic Quest phone number (910-263-8946) to any necessary persons. The Game Master for each scheduled game will be in constant contact with the participants throughout each game.
- I understand that no food or drinks will be permitted in the game rooms. The Cryptic Quest owners reserve full right to eject (from the game and the premises) any and all participants that demonstrate flagrant disregard of this requirement and no refund will be given.
- I understand that nothing needs to be broken or forced open to successfully complete an escape room adventure game. The ceiling, floor, and wall coverings do not need to be moved or removed. There is no need to move or lift any heavy object or flip furniture over and nothing that was originally in the room is to be removed from the room. I and the minor participants I represent agree to use all due care to ensure that we do not damage or remove any Cryptic Quest property.

I further grant Cryptic Quest owners, employees and staff the right to photograph, videotape, and/or record me and/or any (all) of the individuals I represent on this form, and to reasonable use of my or the minor individuals I represent names, faces, likenesses, voices and appearances in connection with exhibitions, publicity, advertising, and promotional materials related to the Cryptic Quest business.

By signing this document, I acknowledge I have read and agree with the terms of this document and that the information I provide below is accurate. I furthermore agree that my submission of this form constitutes agreement for the minor individuals I represent on this form. I further understand and accept the unlikely but potential risks related to these activities for me and for the minor individuals I represent.

When registering online, the online signature shall substitute for and have the same legal effect as if the signatory had signed a physical copy of the waiver and release agreement.

Print Your Name: _____ E-Mail Address: _____

Signature: _____ Contact Number: _____

MINOR'S RELEASE: For all participants less than eighteen (18) years old a parent or legal guardian must sign this waiver. Participation will be denied if a properly signed waiver is not received at the time and place of the scheduled activities.

As parent and/or legal guardian, I _____ represent the minor participants listed below, and I make the informed and voluntary decision to execute this release and waiver agreement on behalf of the minor participants I represent.

Date Signed: _____

Name of Minor: _____ Age: _____ Minor's Contact Phone: _____

Name of Minor: _____ Age: _____ Minor's Contact Phone: _____

Name of Minor: _____ Age: _____ Minor's Contact Phone: _____

Name of Minor: _____ Age: _____ Minor's Contact Phone: _____