

Escape Room Release & Waiver Agreement

In exchange for participation in the Escape Room activities/games organized by Mystery Room LLC, I personally agree and acknowledge the following:

- I agree to obey all rules and warnings provided verbally or written by employees or representatives of Mystery Room, LLC.
- By signing this agreement, I release Mystery Room, LLC (all its employees and representatives) from any liability, injuries, claims or damages.
- I agree to be financially liable for any damages to the Mystery Room, LLC premises caused by my actions.
- I am responsible for any personal property brought on the premises. Mystery Room, LLC is not liable for any lost, stolen or damaged personal property.
- I agree to allow Mystery Room, LLC to take photos/videos of my person or minor(s) to use for marketing purposes. If I do not consent to pictures being used for marketing purposes, I will notify a staff member.
- I agree to allow Mystery Room, LLC to periodically contact me via email to ask for my feedback and to make me aware of special branch news and promotions. If I do not consent to receiving occasional email communications from Mystery Room, LLC, I will notify a staff member.
- If I consume alcoholic beverages on the premises of Mystery Room, LLC, I acknowledge that the

Mystery Room, LLC, including the owner, members, agents and employees (collectively "Releasees") from all liability to me, my next of kin, my conservators, assigns, heirs, guardians or other legal representatives for any and all claims, demands, losses or damages, suits, fines, including court costs and attorneys' fees, for any injury, death, or damaged property arising out of the consumption of alcohol on the premises. I hereby waive all legal rights to pursue any form of legal action against Mystery Room, LLC and the Releasees.

- I am aware that this is a release of liability and a contract and I sign it of my own free will. When registering online, my online signature shall substitute for and have the same legal effect as if I had signed a waiver and release agreement.
- I certify that I have read the document above and I fully understand its content.

COVID-19 Questions:

No	Question	Answer
1	Are you ill?	
2	Do you have or have you had a cough within the past 14 days?	
3	Do you have or have you had shortness of breath or difficulty breathing within the past 14 days?	
4	Do you have at least two of the symptoms below:	
	Fever	
	Chills	
	Repeated shaking with chills	
	Muscle pain	
	Headache	
	Sore throat	
	New loss of taste or smell	
5	Have you been around anyone exhibiting these symptoms within the past 14 days?	
6	Are you living with or caring for anyone who is sick or quarantined?	

Name of Participants:

Signature: