

WAIVER RELEASE OF LIABILITY

In exchange for participation in any of the escape rooms at The Arts of Escape LLC 61 South Tulpehocken Street, Pine Grove, PA 17963 and/or use of the property, facilities and services of The Art of Escape LLC, I agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by The Art of Escape or the employees, representatives or agents of the Art of Escape.
2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge The Art of Escape for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of the Art of Escape, whether caused by the fault of myself, my family or other third parties.
3. I agree to indemnify and defend The Art of Escape against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of The Arts of Escape.
4. I agree to pay for all damages to the facilities of The Art of Escape caused by my or my family's negligent, reckless, or willful actions.
5. Any legal claim that may arise from participation in the above shall be resolved under PA law.
6. I agree that The Art of Escape, or the employees, representatives or agents of the Art of Escape, has the right to any photos or any video/sound footage of me during the event. These photos, video footage, and sound materials may be used for any marketing purposes.
7. I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire. I further agree and acknowledge that The Art of Escape has offered to refund any fees I have paid to use its facilities if I choose not to sign this Agreement.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), our business is taking extra precautions with the care of every client to include a brief health history review. We are also undergoing enhanced sanitation/disinfecting procedures in compliance with CDC guidance.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry Cough
- Difficulty Breathing

