

Liability Release Waiver

Company

Horror Escapes LA

[<http://www.horrorescapesla.com/>] (<http://www.horrorescapesla.com/>)

Activity

Horror Escapes Room

Date of activity: July 27, 2024

Instructions

Before engaging in escape room activities, participants are required to read and sign a liability release waiver. It is crucial to closely review this document, as it pertains to your legal rights.

- Each participant must sign a waiver individually. You agree you are signing for yourself only.
- Sign with your LEGAL NAME, precisely as it is detailed on your valid identification.
- Legal guardians must sign individual waivers for minors. No minors allowed under 12 years.

RELEASE OF LIABILITY - WAIVER

WARNING: HORROR ESCAPE LA GAME ACTIVITIES SIMULATE DANGEROUS AND HIGHLY STRESSFUL SITUATIONS MEANT TO TEST A PERSON'S PHYSICAL AND MENTAL LIMITS, WHICH MAY CAUSE MENTAL AND PHYSICAL DURESS OR INJURY. BY SIGNING THIS AGREEMENT, YOU ARE CONSENTING TO WAIVE VALUABLE LEGAL RIGHTS TO SUE FOR ANY INJURY RESULTING FROM YOUR PARTICIPATION IN ANY GAME ACTIVITY, HUDSON PRODUCTIONS, LLC DBA HORROR ESCAPES LA'S SUPERVISION OF ANY GAME ACTIVITY, ANY EQUIPMENT INVOLVED IN ANY GAME ACTIVITY, OR ANY OTHER PARTICIPANTS IN ANY GAME ACTIVITY.

In consideration of Hudson Productions, LLC dba Horror Escapes LA allowing me to participate in a game activity located at 1041 S. Olive St., Los Angeles, CA 90015, which shall be defined as an activity designated to simulate a dangerous and stressful situation,

I, the undersigned, do hereby represent and warrant that:

1. I assume any and all risk of participating in any game activity conducted by Hudson Productions, LLC dba Horror Escapes LA and agree to fully and forever release, indemnify, and hold harmless Hudson Productions, LLC dba Horror Escapes LA.

2. I understand that this release includes, but is not limited to, any risk that may arise from the negligence, act, omission, or carelessness on the part of Hudson Productions, LLC dba Horror Escapes LA from dangerous or defective equipment or property owned, maintained, or controlled by Hudson Productions, LLC dba Horror Escapes LA.
3. I understand that Hudson Productions, LLC dba Horror Escapes LA includes all of its employees, assigns, directors, members, volunteers, representatives, affiliates, insurers, subcontractors, and all other persons acting on behalf of Hudson Productions, LLC dba Horror Escapes LA.
4. I understand that Hudson Productions, LLC dba Horror Escapes LA conducts simulated game events that may be disturbing. I represent and warrant that I am of sufficient mental capacity and have no pre-existing mental or psychiatric conditions, such as but not limited to anxiety, panic attacks, claustrophobia, or any other condition that may cause mental duress or damage of any character by my participation in a simulated event. Furthermore, I understand that my participation may exacerbate or initiate mental or psychiatric conditions and I fully and forever release and agree to indemnify Hudson Productions, LLC dba Horror Escapes LA for any mental or psychiatric conditions by assuming all participation risks.
5. I understand that my participation may result in damage or loss of my personal property and hereby, fully and forever, release and agree to indemnify Hudson Productions, LLC dba Horror Escapes LA for any damage to or loss of my personal property resulting from my participation.
6. I fully and forever waive, release, and discharge Hudson Productions, LLC dba Horror Escapes LA any liability, claims, loss, expenses, demands, actions, and causes of action whatsoever arising from my participation in any game activities. This includes any illness or injury. I am aware that there is an outbreak of COVID-19 and I hold Hudson Productions, LLC dba Horror Escapes LA harmless from any sickness, illness, infection, or death from any virus.
7. I agree on behalf of myself, my heirs, executors, administrators, agents and assigns to fully and forever waive, release, discharge, hold harmless and to indemnify Hudson Productions, LLC dba Horror Escapes LA from any liability, claims, loss, expenses, demands, actions, and causes of action whatsoever, which may be initiated by myself or any other person or organization, arising from any negligence, act, omission, or carelessness by Hudson Productions, LLC dba Horror Escapes LA.
8. I understand that at this event or related activities, I may be photographed and filmed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns. I hereby consent to give Hudson

Productions, LLC dba Horror Escapes LA, its subsidiaries, licensees, successors and assigns, the right to use, publish and reproduce, for all purposes, my name, picture or film in and electronic (video) form, sound and video recordings of my voice, and printed electronic copy of the information described in sections (1) and (2) above in any media including without limitation, cable and broadcast television and the Internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences, and in brochures and other print media in connection with the advertisement and promotion of the activity and Hudson Productions, LLC dba Horror Escapes LA. This permission extends to all languages, media, formats, and markets now known or hereafter devised. This permission shall continue forever unless I revoke the permission in writing. I further grant Hudson Productions, LLC dba Horror Escapes LA all right, title, and interest that I may have in all finished pictures, negatives, reproductions, and copies of the original print, and further grant Hudson Productions, LLC dba Horror Escapes LA the right to such materials for marketing, communications, or advertising purposes, as it deems fit. I agree to subscribe to Hudson Productions, LLC dba Horror Escapes LA emailing list. I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for Hudson Productions, LLC dba Horror Escapes LA use of, or any rights to inspect or approve, finished photographs, audio, video, multimedia, or advertising and copy printed matter or computer generated scanned images and other electronic media that may be used in conjunction therewith or to approve the eventual use to which it might be applied.

9. I acknowledge that this Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

10. If any provision of this agreement is deemed invalid or unenforceable, all other provisions shall continue in full force and effect.

11. I agree to observe and obey all posted rules and warnings and further agree to follow any written or oral instructions or directions given by Hudson Productions, LLC dba Horror Escapes LA, the employees, representatives, and/or agents of Hudson Productions, LLC dba Horror Escapes LA.

12. I understand that as part of the game activities, I may be physically touched by certain employees, representatives, and/or agents of Hudson Productions, LLC dba Horror Escapes LA as part of the Interactive Entertainment and I hereby grant permission for such touching. In addition, I am aware that the activity will employ the use of flashing lights, strobe lights, tight spaces, colors, smoke, and smells. If I am pregnant, have a heart condition or other significant health condition, or am sensitive to these items or believe that they may affect my health, I will not participate in the activity.

13. I agree that I will not touch or otherwise make purposeful physical contact with any employees, representatives, and/or agents of Hudson Productions, LLC dba Horror Escapes LA.

14. I agree to pay for all damages to Hudson Productions, LLC dba Horror Escapes LA facilities caused by my or my family's negligent, reckless or willful actions.

15. Any legal or equitable claim that may arise from participation in the above shall be resolved under California law.

I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND HUDSON PRODUCTIONS, LLC DBA HORROR ESCAPES LA, AND SIGN IT OF MY OWN FREE WILL.

Contact details

First name: _____ Camper Name(s)

Last name: _____

Email address: _____

I would like to receive updates on events and exclusive deals.

NAME

SIGNATURE
