TIC TOC ESCAPES RELEASE AND WAIVER AGREEMENT

How did you hear about us? Social Media Advertisements Chamber Friend Other _____

1. I agree to obey all posted and oral rules, directions and instructions. This is for my safety. Games may be terminated and no refunds given if participants do not abide by the rules.

2. I understand there are risks associated with escape rooms. I assume full responsibility for risks including but not limited to personal injury and anxiety to myself or child due to accident, neglect or non-neglect of our participating group or the owners or employees of WE ARE ONE, CORP. DBA TIC TOCESCAPES.

3. By signing this waiver of liability, the participant does hereby release, waive, discharge and covenant not to sue business owners, employees or landlord for any injuries claims or damages, resulting from participating in game or being on property.

4. I will be responsible financially for damages to property due to deliberate malicious behavior.

5. I authorize WE ARE ONE, CORP. DBA TIC TOCESCAPES to use, publish or reproduce any pictures, videos, voice or electronic recordings for the purpose of marketing and advertising of business. This includes, but is not limited to, all media. This authorization shall be in effect until written notice of revoke.

6. **Confidentiality/Disclosure**: I agree NOT to disclose any confidential or proprietary information I may obtain concerning the operation of the games at TTE, to third parties or public, including but not limited to Social media or digital outlets.

*** **CHILDRENS RELEASE**: Anyone **under the age of 18 years, MUST have a parent or legal-guardian sign this waiver** before entering game room. The undersigned _____ (parent/ guardian) is the parent /legal guardian of _____(minor's name) hereby acknowledges that he/she has executed the foregoing Release for and on behalf to the minor named herein and agree to bind myself, the minor, his/her executors, licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve such injuries. I consent to the administration of the medical care. By signing I agree lose my right to sue anyone involved with WE ARE ONE, CORP. DBA TIC TOCESCAPES. The minor will bring a signed copy of this agreement to be admitted to play the games.

Minor's Name & Age _____Parent/Guardian Signature_____

***** I HAVE READ THE FORGOING DOCUMENT AND I FULLY UNDERSTAND THE CONTENTS HEREOF. I UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.**

Print Name /Signature/Date _____

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