



CHAMBER OF SECRETS - RELEASE OF LIABILITY

In exchange for participation in the Escape Room event organized by Chamber of Secrets, of 202-24 Pembroke Street West, Pembroke, Ontario, K8A 5M3 and/or use of the property, facilities and services of Chamber of Secrets, I agree for myself and (if applicable) for the members of my group, 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 Chamber of Secrets, or the employees, representatives or agents of Chamber of Secrets.
2. I recognize that there are certain inherent risks, such as:
 - Being enclosed in a small room with up to 8 people;
 - Mental stress and similar disorders;
 - The use of simple tools and objects; and
 - Dim lighting in roomsassociated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my group members, and further release and discharge Chamber of Secrets for injury, loss or damage arising out of my or my group's use of or presence upon the facilities of Chamber of Secrets, whether caused by the fault of myself, my group, Chamber of Secrets or other third parties.
3. I agree to indemnify and defend Chamber of Secrets 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 group's use of or presence upon the facilities of Chamber of Secrets.
4. I agree to pay for all damages to the facilities of Chamber of Secrets caused by my or my group's negligent, reckless, or willful actions.
5. Any legal claim that may arise from participation in the above shall be resolved under Ontario law.
6. I agree that Chamber of Secrets, or the employees, representatives or agents of Chamber of Secrets, has the right to any photos or any video/sound footage of me during the Chamber of Secrets 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 Chamber of Secrets cannot refund deposits on cancellations not made 24 hours in advance, or refusals to sign this Agreement.

(Continued...)

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8. I, the legal guardian, consent to the participation of MINORS UNDER 10YO in the Escape Room event, and agree on behalf of the minors to all the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of MINORS UNDER 10YO.

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

1ST PARTICIPANT'S NAME

Authorized Signature

Print Participant's Name

Date

2ND PARTICIPANT'S NAME

Authorized Signature

Print Participant's Name

Date

3RD PARTICIPANT'S NAME

Authorized Signature

Print Participant's Name

Date

4TH PARTICIPANT'S NAME

Authorized Signature

Print Participant's Name

Date

5TH PARTICIPANT'S NAME

Authorized Signature

Print Participant's Name

Date

6TH PARTICIPANT'S NAME

Authorized Signature

Print Participant's Name

Date