

RELEASE OF LIABILITY – FOR MINORS

In exchange for participation in the Escape Room Event organized by Escape Tech Enterprises, Inc ("Escape Tech"), of 388 State Street, Suite 300 Salem OR 97301 and/or use of the property, facilities and services of Escape Tech, 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 Escape Tech, or the employees, representatives or agents of Escape Tech.
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 Escape Tech for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of Escape Tech, whether caused by the fault of myself, my family, Escape Tech or other third parties.
3. I agree to indemnify and defend Escape Tech 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 Escape Tech.
4. I agree to pay for all damages to the facilities of Escape Tech 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 Oregon law.
6. I agree that Escape Tech, or the employees, representatives or agents of Escape Tech, has the right to any photos or any video/sound footage of me during the Escape Tech 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 Escape Tech has offered to refund any fees I have paid to use its facilities if I choose not to sign this Agreement.
8. I, _____(adult), consent to the participation of _____(minor) in Escape Room Event, and agree on behalf of the above minor to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of _____(minor).
9. In the event of an injury to the above minor during the above described activities, I give my permission to Escape Tech or to the employees, representatives or agents of Escape Tech to arrange for all necessary medical treatment for which I shall be financially responsible. This temporary authority will remain in effect until terminated in writing by the undersigned or when the above described activities are completed. Escape Tech shall have the following powers:
 1. The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital;
 2. The power to authorize medical treatment or medical procedures in an emergency situation; and
 3. The power to make appropriate decisions regarding clothing, bodily nourishment and shelter. I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

_____ Name (parent/guardian)

_____ Signature

_____ Date