

ESCAPE ROOM PARTICIPANT AGREEMENT

Escape Room Location: _____ Session Time: _____

Participant Information:

Full Name: _____

Date of Birth: _____ Phone Number: _____

Email Address: _____

Emergency Contact Information:

Full Name: _____

Relationship: _____ Phone Number: _____

Health and Safety Declarations:

I confirm that I am physically and mentally capable of participating in the escape room activities, have no medical conditions that would be aggravated by physical activity or confined spaces, and am not under the influence of alcohol, drugs, or any substance that impairs my abilities. I agree to follow all safety instructions provided by the escape room staff.

Assumption of Risk and Release of Liability:

I acknowledge that participation in the escape room involves inherent risks including, but not limited to, physical injury, emotional distress, or property damage. I voluntarily assume all risks associated with my participation. I release, waive, discharge, and covenant not to sue the escape room operators, employees, agents, and affiliates from any and all liability for any injury, loss, or damage arising out of or relating to my participation, whether caused by negligence or otherwise.

Photo and Video Release:

I consent to the use of photographs, videos, or other recordings of me taken during the escape room activities for promotional, marketing, or educational purposes by the escape room operators without compensation.

Confidentiality and Non-Disclosure:

I agree to keep all puzzles, clues, and information related to the escape room experience confidential and will not disclose or share any proprietary information with others outside of the escape room.

Compliance with Rules and Conduct:

I agree to abide by all rules, instructions, and safety guidelines provided by the escape room staff. I understand that any disruptive, abusive, or unsafe behavior may result in immediate removal from the premises without refund.

Governing Law and Venue:

This Agreement shall be governed by and construed in accordance with the laws of the State of _____, without regard to its conflict of law principles. The parties consent to exclusive jurisdiction and venue in the state and federal courts located in _____ County, _____.

Severability:

If any provision of this Agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and effect.

Entire Agreement:

This Agreement constitutes the entire agreement between the parties and supersedes all prior or contemporaneous understandings.

PARTICIPANT SIGNATURE

ESCAPE ROOM REPRESENTATIVE

Signature: _____

Signature: _____

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