

Waiver M1 - Minor Participation - Lost Cruces Escape Room - Rev 2017.05.01

I understand, accept and knowingly consent that my voluntary participation or that of any herein authorized minor - of whom I am a parent or legal guardian, in any aspect of Lost Cruces Escape Room activities bears potential risks - not all of which are foreseeable or preventable. Risks include but are not limited to death, disability, personal injury, property damage, property theft, or conditions arising at any future time.

The booking, authorization and / or participation of myself and / or any herein authorized minor expressly accepts and consents to Assumption of Risk by all participants.

For our selves, executors, administrators, agents, heirs, next of kin, successors and assigns; I and any herein authorized minor perpetually and globally waive, release and discharge from any and all liability, including but not limited to liability arising from the negligence or fault of the entities or persons herein released; and indemnify, hold harmless and covenant not to litigate against any and all Lost Cruces Escape Room directors, officers, owners, employees, volunteers, representatives, suppliers or agents of any form.

For myself and any herein authorized minor, the following are accepted and true:

- There exist no participant physical and / or mental conditions that compromise safety.
- Participant impairment by drugs or alcohol is absent.
- Application by Lost Cruces Escape Room of the letter and spirit of this document will govern participant actions and responsibilities.
- Lost Cruces Escape Room may determine if unsafe conditions or behaviors exist and may elect to continue, modify or terminate participation at its sole discretion, which may include participant removal from the premises by any lawful means.
- Lost Cruces Escape Room bears no responsibility for errors, omissions, acts, or inaction by any entity conducting any activity on its behalf.
- Medical treatment will be sought in the event of injury, accident, and/or illness arising out of participation.
- This document shall be construed broadly to provide release and waiver benefit to the maximum extent permissible by New Mexico and any law applicable within a court of competent jurisdiction.

I have read, understand and accept this document to which I voluntarily agree, so demonstrated by my signature set forth hereto and on this date.

_____	_____	_____
Parent or Guardian Printed Name	Parent or Guardian Signature	Date
_____	_____	
Authorized Minor No. 1 Printed Name	Age	
_____	_____	
Authorized Minor No. 2 Printed Name	Age	
_____	_____	
Authorized Minor No. 3 Printed Name	Age	
_____	_____	
Authorized Minor No. 4 Printed Name	Age	
_____	_____	
Authorized Minor No. 5 Printed Name	Age	
_____	_____	
Authorized Minor No. 6 Printed Name	Age	