

RELEASE, WAIVER, AND INDEMNITY AGREEMENT

**BY SIGNING THIS DOCUMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS,
INCLUDING THE RIGHT TO SUE.**

PLEASE READ CAREFULLY!

In consideration for permitting me or my child/ward (the “**Participant**”) to participate in the escape room activity offered by Sherlock’s Escapes (the “**Activity**”), I hereby agree as follows:

1. If the Participant is not the undersigned, I confirm that I am their parent/guardian having full legal responsibility for decisions regarding them.
2. I understand the Activity has several sources of potential risk, including, but not limited to:
 - a. the use of simple tools, and the inherent dangers associated with the use of such tools;
 - b. the potential for moving or lifting objects of not more than fifty pounds;
 - c. mental stress and anxiety;
 - d. being required to move/crawl in a small space with up to twelve persons;
 - e. use of stepladders; and
 - f. exposure to flashing lights and lasers.

Please notify a staff member of Sherlock’s Escapes if the Participant has a condition that might be exacerbated by any of these potential risks.

3. I agree that Sherlock’s Escapes may refuse to permit the Participant to participate in the Activity should it determine, in its sole discretion, that such participation would pose a danger to the Participant or others.
4. I waive, release, and discharge Sherlock’s Escapes and its legal representatives, administrators, employees, executors, and all other agents (the “**Releasees**”) from any loss or injury (including death) to the Participant or the Participant’s property sustained as a result of their participation in the Activity.
5. I indemnify and hold harmless the Releasees from any and all expenses, costs, or claims, of any form whatsoever, which may be incurred due to a claim made against them whether the claim is based on the negligence or fault of the Releasees or otherwise.
6. In the event of an injury, accident, or illness arising during the Activity, I hereby consent to the employee(s) and/or agent(s) of Sherlock’s Escapes providing treatment to the Participant if they believe, in their sole discretion, that such treatment is in the best interests of the Participant and hereby indemnify Sherlock’s Escapes and their employee(s) and/or agent(s) from any costs or claims that may arise as the result of the provision of such treatment.

7. I understand while participating in this activity, the Participant may be photographed. I agree to allow the Participant's photo, video, or film likeness to be used by Sherlock's Escapes for marketing and other reasonable business purposes.
8. This Agreement shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE FULLY READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND THAT BY SIGNING THIS FORM I AM WAIVING VALUABLE LEGAL RIGHTS.

If you have any concerns about the nature of the activities or the risks involved, please contact Sherlock's Escapes by calling **(613) 344-0668** or emailing **sherlocksescapes@gmail.com** prior to signing this form.

I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT

Participant's Name

(Please print legibly)

Participant's Signature

(By signing I hereby confirm that I am at least 18 years of age.)

Date

Participant/Guardian's Signature

(If applicable)

Date