



## Release of Liability and Waivers

I will participate in the production and/or operation of the FrightWorks haunted attraction and/or other FrightWorks sponsored events. As a participant for these events, I understand that management must be notified of all incidents relating to guest/worker problems, equipment failure, and safety violations. As part of my duties I will be monitoring guests for safety violations, and at times escorting guests to the appropriate exit.

As a participant for FrightWorks I understand that I will be exposed to dark environments and a variety of theatrical special effects such as, but not limited to, strobe lights, animatronics, and artificial fog. I also understand that I will be interacting with other crew members and the public within these environments.

I understand that there is an inherent risk of exposure to contagions when in any public place where people are present. By participating in FrightWorks, I voluntarily assume all risks related to exposure to COVID-19 and other infectious agents.

As a representative of FrightWorks I understand that my actions (both good and bad) are viewed by the public and directly affiliate me with FrightWorks and its sponsors. I understand that if my actions are deemed inappropriate, my assignment will be terminated immediately and that I will be removed from the event without advance notice.

I do not hold FrightWorks, EscapeWorks LLC, the business owners, the property owners, and/or affiliates of this event responsible for damage or loss of property, and/or injury or death to myself while participating in the FrightWorks haunted attraction and associated events and efforts. I fully acknowledge the risks of participating in this event and hereby forfeit my right to penalty, lawsuit, and/or legal action against the stated parties.

I authorize FrightWorks to use and reproduce any photographs, personal narrative, interviews, or audio and video recording of my participation for any and all purposes.

I understand that any photographs, audio recordings, and video recordings I may take while participating in, or otherwise representing FrightWorks that include event characters, scenes, or personnel, may only be distributed or otherwise used with permission from FrightWorks.

I hereby grant permission for representatives of FrightWorks to take whatever steps may be necessary to obtain emergency medical care for me if deemed necessary. These steps may include, but are not limited to, the following:

- Attempt to contact a parent or guardian if the participant is a minor
- Attempt to contact the crew member's emergency contact listed on file
- Engage a hospital or emergency service

Please list any health problems that we should know about (i.e. Diabetes, epilepsy, heart conditions, allergies, back problems, etc.)

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Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are under 18 years old you must also provide the signature of a parent or legal guardian.

Parent: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_