

Max Adventures Amusement Center

FULL RELEASE OF LIABILITY AND WAIVER FORM

In consideration of being allowed to enter the play area, laser maze or use any other equipment or to participate in any party and/or program at Max Adventures Amusement Center located at 2378 Flatbush Avenue, Brooklyn, NY 11234, the undersigned, on his or her behalf, and on behalf of the minor(s) identified below, acknowledges, appreciates, agrees and is fully aware of the risks and hazards in participating in any of the activities on the premises of Max Adventures Amusement Center and further agrees as follows:

I agree for myself and/or the minor(s) listed below that we shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for play and participation in any party and/or program at Max Adventures Amusement Center and agree to pay for all damages to the facilities of Max Adventures Amusement Center caused by myself or the listed minors' negligent, reckless, or willful actions. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest Max Amusement Center employee or official immediately. I recognize and understand that there are certain inherent risks associated with use of the play area, parties, and programs and that risks of injury include, without limitation, scrapes, bruises, cuts, and even more serious injuries, such as paralysis or death. Moreover, for myself and the minor(s) named below, I fully accept and agree to assume all of these risks (including risks arising from the negligence of other participants), and I assume full responsibility for personal injury to myself and the listed minor(s) and our respective heirs, assigns, administrators, personal representatives, and next of kin, waive, release and discharge Max Adventures Amusement Center, its affiliates, officers, members, agents, employees, other participants, and sponsoring agencies for injury, loss or damage arising out of or related to our participation in any and all of Max Adventures Amusement Center programs, activities, parties, and/or the use of the facilities of Max Adventures Amusement Center. This waiver and release shall be binding and apply to all risks, known and unknown, even if resulting from negligent actions of other guests or employees of Max Adventures Amusement Center.

In consideration of being allowed to experience Virtual Reality and use of Virtual Reality Headset at Max Adventures Amusement Center located at 2378 Flatbush Avenue, Brooklyn, NY 11234, the undersigned, on his or her behalf, and on behalf of the minor(s) identified below, acknowledges, appreciates, agrees and is fully aware of the risks and hazards in participating in Virtual Reality on premises of Max Adventures Amusement Center and further agrees as follows:

I recognize and understand that there are certain inherent risks associated with use of Virtual Reality Headset and that risks of injury include, without limitation, dizziness, seizures, epileptic seizures or blackouts triggered by light flashes or patterns, loss of awareness, hand-eye coordination, balance, multi-tasking ability, eye strain, eye or muscle twitching, the headset can emit radio waves that can affect the operation of nearby electronics, including cardiac pacemakers, involuntary movements, altered, blurred, or double vision or other visual abnormalities, disorientation, impaired balance, excessive sweating, increased salivation, nausea, lightheadedness, discomfort or pain in the head or eyes, drowsiness, fatigue, or any symptoms similar to motion sickness, and even more serious injuries, such as paralysis or death. Moreover, for myself and the minor(s) named below, I fully accept and agree to assume all of these risks (including risks arising from the negligence of other participants), and I assume full responsibility for personal injury to myself and the listed minor(s) and our respective heirs, assigns, administrators, personal representatives, and next of kin, waive, release and discharge Max Adventures Amusement Center, its affiliates, officers, members, agents, employees, other participants, and sponsoring agencies for injury, loss or damage arising out of or related to our participation in any and all of Max Adventures Amusement Center programs, activities, parties, and/or the use of the facilities of Max Adventures Amusement Center. This waiver and release shall be binding and apply to all risks, known and unknown, even if resulting from negligent actions of other guests or employees of Max Adventures Amusement Center.

Each participant must have a waiver form signed, either by them or if you are under the age of 18 years, then signed by a parent/legal guardian or designated representative by parent/legal guardian. If a waiver is not signed, the person will not be able to participate in Max Adventures Amusement Center programs, parties and or use of the play areas, wax hands, laser maze and other equipment.

I represent that I am the parent or legal guardian of the minor(s) named below, or I have obtained permission from the parent/legal guardian of the minor(s) named below to execute this agreement on their behalf. I further represent that the participants are healthy and physically able to participate in any and all undertaken activities.

I DO HEREBY GIVE MAX ADVENTURES AMUSEMENT CENTER ITS ASSIGNS, LICENSEES AND LEGAL REPRESENTATIVES THE RIGHT TO USE MY EMAIL FOR MARKETING PURPOSES AND TO RECEIVE NEWS, ADVERTISING, PROMOTIONS AND DISCOUNTS UNLESS OPT-OUT.

I DO HEREBY GIVE MAX ADVENTURES AMUSEMENT CENTER ITS ASSIGNS, LICENSEES AND LEGAL REPRESENTATIVES THE RIGHT TO USE MY OR MY CHILD'S PICTURE, IMAGE, VIDEO, SOUND OR DIGITAL PHOTOGRAPH IN MEDIA, INCLUDING COMPOSITE FOR ADVERTISING, IN HOUSE TRAINING VIDEO OR VIDEO FOR ADVERTISING PURPOSE, FOR PUBLICATION OR ANY OTHER LAWFUL PURPOSES AND WAIVE ANY RIGHT TO INSPECT OR APPROVE THE FINISHED PRODUCT, INCLUDING WRITTEN COPY. IF YOU DO'T AGREE. YOU MUST DIRECTLY INFORM OUR STAFF AT ENTRY AND RECEIVE A SMALL RED STICKER TO BE WORN BY ALL THOSE EXEMPT FROM MEDIA CAPTURE AT ALL TIMES DURING YOUR VISIT AT MAX ADVENTURES AMUSEMENT CENTER. FAILURE TO DO SO CANNOT GUARANTEE YOUR IMAGE MAY NOT APPEAR.

Participant Name	Participant DOB
1. _____	____/____/____
2. _____	____/____/____
3. _____	____/____/____

Parent / Legal Guardian Signature _____ Date _____

Parent / Legal Guardian Printed Name _____

Parent/Guardian Address _____

Emergency Contact Name and Phone # _____

Email _____

At Max Adventures WE RESPECT YOUR PRIVACY. You can unsubscribe at any time. If you still want to opt-out of our newsletter, promotions and special offers email list, please check this box. WE WILL NEVER SHARE OR SELL YOUR EMAIL OR CONTACT INFORMATION WITH ANYONE.

Newsletter
 Opt-Out

