



Volunteer Waiver and Release of Liability

10th Annual Haunted House – “*The Asylum: Echoes from the Penitentiary*”

 Location:

 Event Dates:

 More Info: <https://1800pineplaza.com/haunted-house-2025>

Participant Information

Full Name: _____

Date of Birth: ____ / ____ / ____

Phone Number: _____

Email Address: _____

Waiver and Release of Liability

By signing this waiver, I acknowledge and agree to the following:

1. Voluntary Participation:

I am voluntarily participating in the 10th Annual Haunted House event. I understand the nature of this event includes physically and mentally intense experiences, including but not limited to darkness, loud noises, strobe lights, fog, jump scares, simulated violence, and physical activity.

2. Assumption of Risk:

I understand that participation in this event may involve risks of injury, emotional distress, or other potential hazards. I voluntarily assume all such risks.

3. Health and Safety:

I certify that I am in good health and physically and mentally capable of participating in this event. I will immediately inform the organizers of any conditions that may affect my ability to safely participate.

4. Conduct Expectations:

I agree to behave responsibly and respectfully. I understand that inappropriate conduct, harassment, violence, or unsafe behavior will result in immediate removal from the event.

5. Criminal Record Check (CRC):

If I am 18 years of age or older, I acknowledge that I am required to complete a Criminal Record Check (CRC) prior to volunteering.

6. Media Release:

I grant permission for any photographs, video, or audio recordings taken of me during the event to be used by [Organization Name] for promotional, educational, or informational purposes without compensation.

7. Release of Liability:

I hereby release, discharge, and hold harmless [Organization Name], its staff, volunteers, event organizers, and property owners from any and all claims, liability, or damages arising out of or in connection with my participation in the haunted house event.

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Please list any medical conditions that we should be aware of.

Signature

Participant Signature: _____

Date: ____ / ____ / ____

Parent/Guardian Consent (Required if under 18)

I am the parent/legal guardian of the minor named above. I have read and understand this waiver, and I give permission for my child to participate.

Parent/Guardian Name: _____

Signature: _____

Date: ____ / ____ / ____

Thank you

James Miles