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Willis, Texas, 77378
936-224-0581

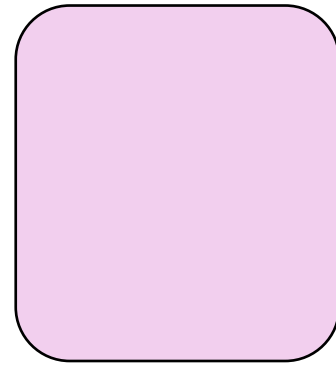
Name: _____

B-Day: _____

Address: _____

Phone #: _____

E-mail: _____



RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

This Release of Liability and Assumption of Risk Agreement (the "Agreement") is entered into between the undersigned (the "Participant") and Texas Rage Asylum LLC (the "Company").

Please read carefully before signing. This is a legally binding document.

1. Assumption of Risk

I, the undersigned Participant, understand that participation in a rage room, including but not limited to breaking objects, using tools or other items, and engaging in physical activities, carries inherent risks. These risks include but are not limited to bodily injury, property damage, emotional distress, and even death.

I voluntarily assume all risks, both known and unknown, related to my participation in these activities at Texas Rage Asylum, llc.

2. Release of Liability

In consideration of being permitted to participate in the rage room activities, I hereby release, waive, discharge, and agree not to hold liable Texas Rage Asylum, its owners, agents, employees, volunteers, and representatives from any and all liability, claims, demands, or causes of action that may arise from injury, death, or property damage resulting from my participation in the rage room activities, including but not limited to claims arising from negligence.

3. Medical Treatment

In the event of an emergency, I authorize the staff of Texas Rage Asylum to arrange for medical treatment as necessary. I agree to assume full responsibility for any and all medical expenses incurred as a result of any injuries sustained while participating in the rage room activities.

4. Fitness to Participate

I confirm that I am in good health, physically able, and mentally capable of participating in the rage room activities. I acknowledge that I have not been advised by a medical professional to avoid physical activities or high-stress environments.

5. Age and Legal Capacity

I certify that I am at least 18 years of age and fully competent to execute this Agreement. If I am signing on behalf of a minor, I certify that I am the legal guardian and agree to the terms of this Agreement on behalf of the minor.

6. Rules and Safety

I agree to follow all instructions, rules, and safety guidelines provided by Texas Rage Asylum and its staff. I understand that failure to comply with these rules may result in immediate termination of my participation without a refund. I acknowledge that the use of protective equipment (e.g., face shield w/ helmet, gloves, & coveralls) is required and provided for my safety.

7. Damage and Property

I understand that certain tools or items used in the rage room may cause damage to property or the facility. I agree to be held responsible for any damages I cause outside of the designated destruction area, whether intentional or accidental.

8. Photographic and Video Release

_____ I grant Texas Rage Asylum permission to use any photographs, videos, or other media taken during my participation for promotional, marketing, and advertising purposes without compensation.

_____ I *DO NOT* grant Texas Rage Asylum permission to use any photographs, videos, or other media taken during my participation for promotional, marketing, and advertising purposes without compensation.

9. Indemnification

I agree to indemnify and hold harmless Texas Rage Asylum, its owners, agents, and employees from any claims, losses, liabilities, or expenses (including legal fees) arising out of my participation in the rage room activities.

10. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of Texas. Any legal action or proceeding arising from this Agreement shall be brought in the courts of Montgomery County, Texas.

11. Severability

If any portion of this Agreement is deemed invalid or unenforceable, the remaining provisions shall continue in full force and effect.

12. Acknowledgment of Understanding

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I AM GIVING UP LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Name (Print): _____

Participant's Signature: _____ Date: _____

If Participant Is A MINOR (Under the age of 18)

Parent/Guardian's Name (Print): _____

Parent/Guardian's Signature: _____ Date: _____