

Rager ID#: \_\_\_\_\_  
(For Office Use Only)



1730 Cargill, Unit 100  
Willis, Texas 77378  
936-224-0581  
texasrageasylum@gmail.com

## GUEST INFORMATION & WAIVER FORM

*This form is required for all participants at Texas Rage Asylum in order to document acknowledgment of our rules and policies for a secure and enjoyable experience.*

**Please fill out form to your best of knowledge.**

### Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Email Address: \_\_\_\_\_

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### Emergency Contact Information

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

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### Equipment Size

(Please select your suit size)

\_\_\_XS \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_XXL \_\_\_XXXL



## **Rage Room Rules & Acknowledgment**

- 1. Protective Gear:** Face shields, gloves, and coveralls are required and must be worn at all times.
- 2. Footwear:** Open-toed shoes, slippers, and Crocs (even with straps) are strictly prohibited. Close-toe, sturdy shoes must be worn.
- 3. Behavior:** No aggressive behavior toward staff or other guests. Any misconduct will result in immediate removal without a refund.
- 4. Breaking Area:** Only break objects within the designated destruction zone.
- 5. No Intoxication:** Guests under the influence of alcohol or drugs will not be allowed to participate.
- 6. Lighting & Sound:** The facility uses flashing lights and loud music. Those with epilepsy, light sensitivity, or hearing impairments should notify staff before participating.
- 7. Respect the Space:** Do not attempt to break facility equipment or walls.
- 8. No Outside Objects:** Only approved rage room items may be used. No unauthorized items allowed.
- 9. Listen to Staff:** Follow all instructions given by Texas Rage Asylum employees for your safety.

**I acknowledge that I have read, understand, and agree to follow the above rules.**

**Participant's Signature:**

\_\_\_\_\_

**Date:** \_\_\_ / \_\_\_ / \_\_\_