

Camp David Participant Waiver and Release of Liability

In consideration of being allowed to participate in any way in the Camp David Halloween Experience ("Event"), I, the undersigned, hereby acknowledge and agree to the following:

1. I understand and acknowledge that participation in the Event involves physical activity, including but not limited to walking, running, navigating uneven terrain, and engaging in time-sensitive puzzles. Participants should be in adequate physical condition to handle light endurance challenges and movement in low-light environments.

2. I acknowledge that the Event includes actors who may engage with participants in character. While no harmful contact is permitted, incidental or brief physical contact may occur in a manner that is theatrical and not intended to cause harm. If I am uncomfortable with this, I agree to inform staff prior to participation.

3. I understand the nature of the Event includes suspenseful and potentially frightening content, including theatrical depictions of horror, simulated peril, flashing lights, fog, and immersive sound. I affirm that I do not have any conditions (e.g., heart conditions, epilepsy, anxiety disorders) that may be aggravated by such content.

4. I hereby release, waive, discharge, and covenant not to sue Camp David, its directors, officers, employees, volunteers, representatives, and agents from liability from any and all claims resulting in personal injury, accidents, illnesses, or property loss arising from participation in the Event.

5. I agree to follow all instructions provided by staff and respect the set rules. I understand that

touching props, runes, or locked boxes is not permitted unless otherwise instructed. Only specific survival items such as flashlights, dossiers, and designated tools may be handled.

6. I give permission for Camp David to use any photos or videos taken of me during the Event for promotional purposes unless I submit a written opt-out prior to the Event.

By signing below, I acknowledge that I have read and understood this waiver, and that I voluntarily agree to its terms.

Participant Name: _____

Signature: _____

Date: _____