Axe/Knife throwing, Smash room & Paint throwing LIABILITY WAIVER

Please fill your name:

_____ _____

Date of Birth: (MM/DD/YYYY)

_____ _____ _____

Phone number:

_____

THE Slashers, Splashers & Smashers Entertainment Inc. ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS VENUE, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional.

I certify that there are no health-related reasons or problems that preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity,

I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: **(A) I WAIVE, RELEASE, AND DISCHARGE** from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my travelling to and from this activity, **THE FOLLOWING ENTITIES OR PERSONS: Slashers, Splashers and Smashers Entertainment Inc. (BC1557827)** or their owners, directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and property owners. **(B)**

INDEMNIFY, HOLD HARMLESS AND PROMISE NOT TO SUE the entities or persons mentioned in (A) paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that **Slashers, Splashers & Smashers Entertainment Inc (BC1557827)**, and their owners, directors, officers, volunteers, representatives, and agents are **NOT** responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity.

These risks are not only inherent to participants but are also present in volunteers.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand that while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers and assigns.

I am aware and consent that the premiss is mointored by audio and visual at all times.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

☐ **By checking this box, I agree and understand the above outlined information within the liability waiver.**

☐ **By checking this box, I agree to watch and follow all safety guidelines. ..**

Your signature

Signature Date (MM/DD/YYYY)