

Waiver and Release of Liability

In consideration of JMD Entertainment furnishing services in the form of a haunted house; I, _____, fully understand and acknowledge that; (a) risks exist in my participation of the Fortress of Fear Blackout Glow Stick Tour (b) my participation in such activities may result in but not limited to injuries such as sprains, breaks, bumps and bruise. I take responsibility in knowing my limitations. (c) these risks and dangers may be caused by the negligence of the owners, officers/directors, volunteers, employee or agents of JMD Entertainment; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes; and (d) by my participation in these activities. I hereby assume all risks and dangers and all responsibility for any losses and/or damages, weather caused in whole or in part by the negligence or other conduct of the owners, officers/directors, volunteers, employees or agents of JMD Entertainment, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify JMD Entertainment and it's owners, officers/directors, volunteers, employees and/or agents from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in the above named Haunted Attraction. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for negligent acts or other conduct by the owners, officers/directors, volunteers, employees or agents of JMD Entertainment.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIVE JMD ENTERTAINMENT FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE. THIS INDEMNITY SHALL SURVIVE THE DATE OF THE EVENT.

_____(initial) I have been offered the use of safety glasses.

Signature: _____ Date: _____

Print Name: _____

Witness Signature: _____ Date: _____

Guardian Signature(if under18): _____ Date: _____

Guardian Contact Number: _____