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## Waiver and Release of Liability

In consideration of Funtimes Park Inc. furnishing services in the form of a haunted house attraction (Fortress of Fear ScreamPark); I,(name of guest) \_\_\_\_\_, 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 bruises. I take responsibility in knowing my limitations. (c)these risks and dangers may be caused by the negligence of the owners, officers/directors, volunteers, employees or agents of Funtimes Park Inc.; 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, whether caused in whole or in part by the negligence or other conduct of the owners, officers/directors, volunteers, employees or agents of Funtimes Park Inc., 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 Funtimes Park Inc. and its owners, officers/directors, volunteers, employees and/or agents from any and all claims, actions or losses of bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in the above named haunted attraction event. 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 Funtimes Park Inc.

**I HAVE READ THE ABOVE WAIVER AND RELEASE. BY MY SIGNATURE BELOW, I AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE FUNTIMES PARK INC. 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.**

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

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

Witness Signature:\_\_\_\_\_ Date:\_\_\_\_\_

\*If Under the Age of 18  
Guardian Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Guardian Contact Number:\_\_\_\_\_