JACKSON RAGE

RAGE ROOM PARTICIPANT AGREEMENT, ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT

Please read this document carefully. By signing this agreement, you acknowledge that you understand and accept the risks associated with participating in activities offered by Jackson Rage and that you are waiving certain legal rights.

PARTICIPANT INFORMATION

Participant Name:	Date of Birth:
Address:	Phone Number:
City, State, ZIP:	Emergency Contact:
Emergency Contact Phone:	

1. ACKNOWLEDGMENT OF INHERENT RISKS

I understand and acknowledge that participation in activities offered by Jackson Rage, including rage room experiences and related activities, involves known and unknown risks that may result in property damage, personal injury, illness, permanent disability, or death.

These risks include, but are not limited to: flying debris and projectiles; broken glass, ceramics, plastics, wood, and metal; cuts, punctures, lacerations, abrasions, and eye injuries; bruises, strains, sprains, fractures, and other bodily injuries; slips, trips, falls, and collisions; equipment failure or misuse; physical exertion and fatigue; exposure to dust, airborne particles, and loud noises; and the actions or omissions of other participants.

I acknowledge that these risks cannot be completely eliminated, even when reasonable safety precautions and required personal protective equipment are used.

2. VOLUNTARY PARTICIPATION AND ASSUMPTION OF RISK

I voluntarily choose to participate in activities offered by Jackson Rage and knowingly assume all risks associated with my participation, whether known or unknown, foreseeable or unforeseeable.

3. PARTICIPANT FITNESS AND SAFETY COMMUNICATION

I understand the physical demands and risks associated with this activity and am responsible for determining whether I can participate safely.

I agree to notify Jackson Rage staff before participating if I need an accommodation or have a limitation or immediate safety concern that may affect my ability to safely use the required protective equipment, tools, or rage room. I am not required to disclose a diagnosis or detailed medical history.

I agree not to participate while impaired by alcohol, drugs, or any other substance that makes participation unsafe.

4. SAFETY RULES, PPE, AND PARTICIPANT RESPONSIBILITIES

I agree to follow all safety rules and staff instructions. I must properly wear all personal protective equipment required by Jackson Rage, including coveralls, gloves, safety glasses or goggles, a face shield, and closed-toe shoes. **Safety glasses or goggles and the face shield must be worn together while participating.**

I will not remove, alter, or misuse required PPE while inside the rage room. If any PPE does not fit properly, becomes damaged, or interferes with my ability to participate safely, I will stop immediately and notify staff.

I understand that I am responsible for arriving with closed-toe shoes and will not be permitted to participate without them.

I agree to use all tools and equipment only as instructed, remain within designated areas, report unsafe conditions, and stop participating immediately when directed by Jackson Rage staff.

5. RELEASE OF LIABILITY

To the fullest extent permitted by law, I release and waive claims against Jackson Rage and its owners, employees, contractors, volunteers, affiliates, landlords, and property owners arising from my participation, including claims based on ordinary negligence where permitted by law.

6. INDEMNIFICATION

To the fullest extent permitted by law, I agree to indemnify, defend, and hold harmless Jackson Rage and its owners, employees, contractors, volunteers, affiliates, landlords, and property owners from third-party claims, damages, losses, and reasonable legal costs, but only to the extent caused by my negligent, reckless, or intentional actions; misuse of tools or equipment; violation of safety rules; or damage to property.

This obligation does not apply to the extent that a claim is caused by the conduct of Jackson Rage or another protected party.

7. PERSONAL PROPERTY

Jackson Rage is not responsible for the loss of or damage to personal property, including but not limited to phones, watches, jewelry, clothing, footwear, eyewear, and other personal belongings.

8. PHOTO, VIDEO, AND AUDIO RECORDING CONSENT

Photo, video, and audio recording consent is optional and is not required to participate.

[ ] **I authorize** Jackson Rage to photograph, video record, or audio record me and to use my image, likeness, voice, and statements for promotional and marketing purposes.

[ ] **I do not authorize** Jackson Rage to photograph, video record, or audio record me or to use my image, likeness, voice, or statements for promotional and marketing purposes.

9. EMERGENCY MEDICAL TREATMENT

If I become injured or experience a medical emergency, I authorize Jackson Rage personnel to contact emergency services and obtain emergency medical assistance on my behalf when reasonably necessary.

I understand that Jackson Rage personnel are not medical professionals and that I am responsible for any costs associated with emergency transportation or medical treatment.

10. SEVERABILITY

If any provision or portion of a provision in this agreement is found to be invalid, illegal, or unenforceable, it shall be severed or modified only to the minimum extent necessary to make it enforceable.

All remaining provisions and portions of this agreement shall remain in full force and effect to the fullest extent permitted by law.

11. ACKNOWLEDGMENT AND SIGNATURE

I confirm that I have read and understand this entire agreement. I have had the opportunity to ask questions, and I voluntarily agree to its terms.

Participant Signature: _____ Date: _____

Printed Name: _____

PARENT OR LEGAL GUARDIAN CONSENT FOR MINOR PARTICIPANTS

I certify that I am the parent or legal guardian of the minor participant named above. I have read and understand this entire agreement, consent to the minor's participation, and agree to its terms on behalf of myself and the minor participant to the fullest extent permitted by law.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship to Minor: _____

WAIVER VALIDITY: This agreement remains valid for three (3) months from the date signed.