



Accident Waiver and Release of Liability Form

Forensiks Pty Ltd (ACN: 616 147 678), trading as Breakout NT (ABN: 63 616 147 678) is committed to delivering an exciting and safe experience to all of our patrons. We require that this form is signed prior to participation by the participant and by a responsible parent or guardian if the participant is under 18 years of age.

The participant acknowledges and agrees to the following:

1. I am over the age of 18 years or if under 18, this form has been signed by a parent or guardian that is over 18.
2. I agree to use the services and materials for their purposes only and accept liability for the cost of any damage to the venue, equipment and materials caused by me as a participant.
3. I agree to pay any applicable game play charges I incur whilst attending the venue.
4. I understand that Breakout NT reserves the right to refuse entry to any person who is unfit, abusive or unsuitable in any way at the sole discretion of the owners and staff of Breakout NT.
5. I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it potential risks. The risks include, but are not limited to, those caused by facilities, temperature, condition of participants, equipment, conditions in escape rooms and actions of other people including, for example, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.
6. I accept the venue as it stands with all or any defects hidden or exposed and hereby assume all of the responsibility and risks of participating in any/all activities associated with activities at Breakout NT.
7. 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 specified under the NT Personal Injuries (Liabilities and Damages) Act 2015 and other relevant legislation.
8. I acknowledge that there is a requirement before play to bring to the attention of Breakout NT staff any impairments or disabilities that may impact my ability to participate in this activity. I certify that there are no health-related reasons or problems (physical or otherwise) which preclude my participation in this activity. I agree that my participation in activities at Breakout NT will be appropriate to my fitness level. If unsure of the safe exertion level for my fitness level, I will not participate in this activity.
9. In the event of injury, Breakout NT reserves the right to call an ambulance on my behalf and at my cost and I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.
10. I understand while participating in this activity, I may be photographed and/or recorded. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organisers, and assigns.
11. I acknowledge that Forensiks Pty Ltd and their directors, officers, employees, 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.
12. 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.

13. I acknowledge that this Accident Waiver and Release of Liability Form will be used by Forensiks Pty Ltd for the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

_____ Participant's Signature	_____ Date	_____ Participant's Name (Please print legibly)	_____ Age (If <18)
----------------------------------	---------------	---	--------------------------

_____ Participant's Signature	_____ Date	_____ Participant's Name (Please print legibly)	_____ Age (If <18)
----------------------------------	---------------	---	--------------------------

_____ Participant's Signature	_____ Date	_____ Participant's Name (Please print legibly)	_____ Age (If <18)
----------------------------------	---------------	---	--------------------------

_____ Participant's Signature	_____ Date	_____ Participant's Name (Please print legibly)	_____ Age (If <18)
----------------------------------	---------------	---	--------------------------

_____ Participant's Signature	_____ Date	_____ Participant's Name (Please print legibly)	_____ Age (If <18)
----------------------------------	---------------	---	--------------------------

_____ Participant's Signature	_____ Date	_____ Participant's Name (Please print legibly)	_____ Age (If <18)
----------------------------------	---------------	---	--------------------------

_____ Participant's Signature	_____ Date	_____ Participant's Name (Please print legibly)	_____ Age (If <18)
----------------------------------	---------------	---	--------------------------

_____ Parent/Guardian Signature (If under 18 years old, Parent or Guardian must also sign)	_____ Date
--	---------------