Beacon Performing Arts Christmas Escape Room Liability Waiver & Release

Location: 903 Halsell St, Bridgeport, TX
Email: beaconpatx@gmail.com

Event: Beacon Performing Arts Pop-Up Christmas Escape Room
Dates: Thanksgiving Weekend – Christmas Weekend

Participant Information

Name: _____
Phone: _____
Email: _____
Date: _____

Assumption of Risk

I understand that participation in the Beacon Performing Arts Christmas Escape Room ("Event") involves physical and mental activity, including movement, solving puzzles, interacting with themed props, and operating within a time-limited environment. I voluntarily assume all risks associated with participation, including but not limited to minor injuries (such as slips, trips, or falls), property damage, or emotional stress. I understand that Beacon Performing Arts has taken reasonable measures to provide a safe experience, but cannot eliminate all risks inherent in such activities.

Release of Liability

In consideration of being permitted to participate, I hereby release, waive, and hold harmless Beacon Performing Arts, its owners, employees, volunteers, affiliates, and representatives from any and all claims, demands, or causes of action arising from or related to my participation in this Event, including negligence to the fullest extent permitted by law.

Health & Conduct

I certify that I am in good health and capable of safely participating in the Event. I agree to follow all posted rules, staff instructions, and safety guidelines. I understand that failure to comply may result in my removal from the Event without refund.

Personal Belongings

I acknowledge that I am responsible for my own belongings. Beacon Performing Arts is not responsible for lost, stolen, or damaged items.

Photography & Media Release

I grant permission for Beacon Performing Arts to use photographs or video footage taken during the Event for promotional purposes, including social media and advertising, without

compensation. (Participants may opt out by notifying staff before their session begins.)

Minors
Participants under 18 years of age must have a parent or legal guardian sign this waiver on their behalf.

Minor's Name: _____
Parent/Guardian Name: _____
Signature: _____

Acknowledgment of Understanding
By signing below, I acknowledge that I have read and fully understand this waiver and release of liability, and I voluntarily agree to its terms.

Participant Signature: _____
Date: _____