

Restoration Fellowship Church Youth Ministry

Escape Room Event Liability Waiver

Participant Name: _____

Participant Age: _____

Parent/Guardian Name: _____

Emergency Contact Phone Number: _____

Event Date: _____

1. Acknowledgment of Risk

I, the undersigned parent/guardian, understand that participation in the youth ministry escape room event involves certain inherent risks, including but not limited to physical movement, confined spaces, and interaction with puzzles and props. I voluntarily permit my child to participate in this activity.

2. Release of Liability

I agree to release, waive, and hold harmless Restoration Fellowship Church, its staff, volunteers, and leaders from any and all liability, claims, or demands for injury, illness, or damages arising out of my child's participation in this event.

3. Transportation Consent

I give permission for my child to be transported to and from the event by approved church drivers. I understand that transportation may be provided by church staff or volunteers using personal or church vehicles. I release Restoration Fellowship Church and its representatives from liability related to transportation.

4. Photography and Media Release

I grant permission for my child to be photographed or recorded during the event. I understand that these images or videos may be used for church purposes, including social media, promotional materials, or internal use, without compensation.

5. Content Disclaimer

I understand that some escape rooms may include elements such as magic, fantasy themes, or other non-Christian concepts. While the youth ministry seeks to select appropriate

environments, I acknowledge that not all content may align perfectly with Christian beliefs. I give permission for my child to participate with this understanding.

6. Medical Authorization

In the event of a medical emergency, I authorize church staff or volunteers to seek medical treatment for my child as necessary. I understand that I will be contacted as soon as possible.

7. Agreement

By signing below, I acknowledge that I have read and understand this waiver and agree to its terms.

Parent/Guardian Signature: _____

Date: _____

Participant Signature (if applicable): _____

Date: _____