

FUN ZONE WAIVER (PLEASE PRINT CLEARLY)

I, _____ (hereafter referred to as "Releasor"), recognize what potentially severe injuries, including permanent paralysis or death can occur in all attractions at Fun Zone, including, but not limited to, Laser Tag, Spin Zone Bumper Cars, XD Theater, VR Pods, VR Hollow Gate, Indoor playground and all other activities. Being fully aware of these dangers, I voluntarily consent to participate in any and all FUN ZONE INC(hereinafter referred to as "Fun Zone") attractions and activities and I ACCEPT ALL RISKS associated with that participation.

In consideration of being permitted to participate in activities at Fun Zone, on behalf of my respective heirs, legal representatives and assigns, I hereby release, waive and discharge Saachi Ventures Inc d/b/a Fun Zone, its officers, directors, shareholders, employees and agents from all liability to the Releasor, my respective heirs, administrators, executors, and successors, for any and all loss or damage, in any claim or damages resulting therefrom, on account of injury to me or my property, even injury resulting in death of the Releasor, whether caused by the negligence of Fun Zone or otherwise while the Releasor is participating in any activity at the Fun Zone facility.

Releasor agrees to indemnify Saachi Ventures Inc LLC d/b/a Fun Zone, its officers, directors, shareholders, employees and agents from any loss, liability, damage or cost they may incur due to the presence of releasor in or upon the Fun Zone facility, whether caused by the negligence of Fun Zone or otherwise.

Releasor expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Illinois, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I further release all employees of Fun Zone from any claim whatsoever on account of first aid, treatment or service rendered during my participation in activities at the Fun Zone facility. In the event of an emergency I would like to be taken to a hospital for medical treatment and I hold Fun Zone and its representatives harmless in their execution of this action.

By my attendance at Fun Zone, I am granting your permission for me to be filmed, videotaped, audiotaped or photographed by any means and are granting full use of your likeness, voice and words without compensation.

This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

A digitally scanned copy or digitally entered copy of this waiver will serve the same as a physically signed copy.

Releasor further states that he/she has carefully read the foregoing release and knows the contents thereof and signs this release as his/her own free act.

(PLEASE PRINT CLEARLY) RELEASOR NAME:

SIGNATURE:

DATE:

EMAIL: _____

PHONE NO:

CHILD 1 – NAME:

DATE OF BIRTH:

CHILD 2 – NAME:

DATE OF BIRTH:

CHILD 3 – NAME:

DATE OF BIRTH:

CHILD 4 – NAME:

DATE OF BIRTH: