

Release of Liability, Waiver of Claims, Express Assumption Of Risk and Indemnity Agreement

This form must be read and completed prior to participating in any event provided by Darts & Blasters, LLC.

I ______, and/or my children wish to participate in a Darts & Blasters, LLC event and/or recreational games, and by signing this document I affirm and agree that:

- The information I/we have provided below is complete and correct;
- I/weconsent and understand all the following conditions of participating in a Darts & Blasters, LLC, event;
- I/we hereby and forever discharge from any claims and liabilities what so ever, without limitation, that I/we may have against Darts & Blasters, LLC, the owners of the property on which the events are held, and any other players or participants who might injureme or my children, however arising.

Further, I make this release on behalf of heirs, my executors, administrators and myself, and/or my children or wards, and I/we consent and fully understand:

- That the events are physically and mentally intense and may require extreme exertion to play;
- The possibility of injury to myself and others exists;
- That indoor or outdoor activities carry the danger of trips, slips, and falls as well as other common physical injuries or hazards;
- I am/we are fit both physically and mentally to participate in the chosen event;
- That eye protection and/or othersafety equipment provided is always to be worn within the gaming arena;
- I understand that failing to comply with any rules stated verbally by Darts & Blasters, LLC employees and/or event hosts, as well as written documents explaining rules and safety requirements will result in ejection from the chosen activity and no refunds will be offered;
- I must always follow the instructions of my Darts & Blasters, LLC attendant/host, and if I or my children engage in unsafe or inappropriate behavior, I/we will be asked to leave the Darts & Blasters, LLC event, and no refunds will be offered;
- I must not climb on any of the structures or buildings within the gaming arena;
- I must not consume any alcohol or any intoxicating substance prior to or during thesession or activity;
- I fully understand all of the terms and conditions both in documentation and in all verbal agreements and am of age to take part in the Darts & Blasters, LLC event or activities, and/or have authority to execute this release for my minor children or wards; and
- I also give my permission for Darts & Blasters, LLC to use any pictures and/or video of me or my children for their use in traditional or social media, marketing, advertising or for other public relations purposes.

By this WAIVER AND RELEASE, I assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with Darts & Blasters, LLC activities and events organized by Darts & Blasters, LLC, and event party hosts or property owners, on behalf of myself and/or my minor children or wards.

I expressly agree that this WAIVER AND RELEASE is intended to be as broad and inclusive as permitted by laws of the State of Tennessee and that this Release shall be governed by and interpreted in accordance with the laws of the State of Tennessee.

I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights against Darts & Blasters, LLC, on behalf of myself and/or my minor children or wards. I have signed this Agreement freely, voluntarily, under no duress. My signature is proof of my intention to execute this complete and unconditional WAIVER AND RELEASE of all liability and all of its terms to the full extent of the law. By signing this, I understand and agree that each Participant is 6 (six) years or older.

| PARTICIPANT: Print Name: | Age: | _ DOB: : | | _/ | Male | Female |
|--------------------------|------|----------|----|----|------|--------|
| | | | | | | |
| MINOR #1: Print Name: | Age: | DOB: | _/ | 1 | Male | Female |
| MINOR #2: Print Name: | Age: | DOB: | 1 | | Male | Female |
| MINOR #3: Print Name: | Age: | DOB: | 1 | 1 | Male | Female |

| PARTICIPANT/PARENT OR GUARDIAN SIGNATURE | |
|--|----|
| CONTACT TELEPHONE: | |
| EMAIL: | |
| DATE: | `r |