

WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

[AURA VISION STUDIOS BLACKOUT STUDIO & RAIN MACHINE]

Participant Name:

Date:

Phone Number:

Email:

By signing this Waiver of Liability and Assumption of Risk Agreement, I acknowledge and agree to the following terms and conditions regarding my participation in activities within the Blackout Studio, specifically while using the RAIN FX Machine.

ASSUMPTION OF RISK

By signing this I understand and acknowledge that using the RAIN Machine involves inherent risks, including but not limited to:

- Slippery surfaces that may result in slips, trips, or falls.
- Water exposure leading to possible injury or equipment damage.
- Physical exertion, which may cause strain, discomfort, or other physical issues.
- Unforeseen hazards related to the darkened environment of the blackout studio.

I voluntarily assume full responsibility for any risks of injury, property damage, or other loss that may occur to myself while using the RAIN Machine and being present in Aura Vision Studios Blackout Studio.

RELEASE OF LIABILITY

I, on behalf of myself, my heirs, assigns, and personal representatives, hereby release, waive, and discharge Aura Vision Studios, its owners, employees, agents, and affiliates from any and all liability, claims, demands, or causes of action that may arise from any injury, loss, or damage I may sustain while using the RAIN Machine or being present in the Blackout Studio, whether caused by negligence or otherwise.

INDEMNIFICATION

I agree to indemnify and hold harmless Aura Vision Studios, its owners, employees, and agents from any claims, damages, liabilities, or expenses (including attorney's fees) that may result from my participation in activities within the Studio.

ACKNOWLEDGEMENT OF SAFETY RULES

I agree to follow all posted and verbal instructions regarding the use of the RAIN Machine and acknowledge that failure to do so may result in injury or expulsion from the premises without refund. I understand that proper footwear is recommended and that I should avoid running or engaging in reckless behavior while in the studio.

MEDICAL CONDITION & FITNESS TO PARTICIPATE

I confirm that I am in good health and have no medical conditions that would prevent my safe participation. I understand that I should consult a physician before engaging in activities with water exposure or physical exertion.

LEGAL AGREEMENT

I acknowledge that I have read and fully understand this waiver. I sign it voluntarily, recognizing that by doing so, I am waiving legal rights, including the right to sue or take legal action against Aura Vision Studios for injuries or damages.

Participant Signature:

Parent/Guardian (if under 18):

Date Signed:

Date Signed: