

REM5, LLC VIRTUAL REALITY WAIVER AND RELEASE OF LIABILITY FORM

I hereby assume the risks of the use of a virtual reality experience ("VR Use") provided by REM5, LLC ("Owner"), and all risks that may arise from negligence or carelessness on the part of the Owner, from dangerous or defective equipment or property owned, maintained, or controlled by the Owner, or because of their possible liability without fault.

I certify that there are no health-related reasons or problems which preclude my participation in VR Use. I am aware that VR Use activities involve many known and unknown risks and dangers that could result in physical or emotional injury including, but not limited to broken bones, sprained or torn ligaments, paralysis, death, or other bodily injury or property damage to myself or third parties, and negligence on the part of Owner or its staff including the failure on the part of Owner or its staff to safeguard or protect me from the risks and dangers of VR Use.

I am aware of the risks and dangers associated with VR Use and I fully assume such risks and dangers and the possibility of personal injury, death, property damage and loss resulting therefrom. I am liable for any damage to the virtual reality equipment, parts and accessories. I hereby certify for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I waive, release, and discharge Owner from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me in connection with VR Use;

(B) I agree to indemnify, hold harmless, and agree to defend Owner from any and all liabilities or claims made as a result of participation in this activity, whether caused by their negligence or otherwise.

(C) I certify that I am at least 18 years of age, or, if I am under 18 years of age I have obtained the required consent of a parent/guardian as evidenced by their signatures below.

The Virtual Reality Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

By signing this waiver, I agree to opt-in to marketing emails from REM5, LLC.

By signing this waiver, I grant REM5, LLC permission to use my likeness in a photograph, video, or other digital media in any and all of its publications, including web-based publications, without payment or other consideration.

Please fill in student's name:

First Name

Last Name

Please fill in student's birth date: - optional

MM

/

DD

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YYYY



Parent's signature::

Clear ()

Validate

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