

Informed Consent and Liability Waiver Release

I sign on behalf of my son/daughter & I agree & consent to the following:

I am participating in virtual reality games/exercises conducted by Virtual Rcares Inc. I recognize that the games, VR motion simulators, and projection require physical exertion that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above-mentioned program. I represent and warrant that I have no medical condition that would prevent my participation.

I agree to assume full responsibility for any risks, injuries or damage known or unknown which I might incur because of participating in the virtual reality games and machines. Such injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death.

I am aware of the health risks involved with the VR machine motion simulator rides, standalone VR headsets, and AR Projection. These health risks may result in, but are not limited to vomit, blood, bodily fluids, and other biological hazards.

By signing below, I agree to accept liability for the equipment used. I understand that should any damages occur that exceed the warranty of the merchandise while the equipment is in my possession, I will be held fully responsible and liable for the full amount of the repairs/replacement of the equipment. I **accept I am responsible to pay a damage and/or cleaning fee accordingly as staff deem necessary.** I understand that staff hold executive authority to make the decision if a game, experience, or ride is appropriate for the user.

I acknowledge these risks and assume responsibility for my participation in the Virtual Reality experience. I hereby release, hold harmless any employee or authorized volunteer of Virtual Rcares Inc. involved in the facilitation of the equipment and experience and indemnify them, Virtual Rcares Inc. and its offers against any or all claims, actions, suits, procedures, costs, expenses (including attorney's fees and expenses), damages and liabilities arising out of, connected with, or resulting from my VR participation including without limitation, those resulting from the manufacture, selection, delivery, possession, use or operation of such equipment. I am responsible for lost or damaged personal items in the premises.

I, my heirs, or representatives forever release, waive, discharge and covenant not to sue Virtual Rcares Inc. for any injury or death caused by their negligence or other acts.

I grant permission to Virtual Rcares Inc. for the use of the photograph(s) or electronic media images that are taken during my visit.

I have read the above waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Accepted: _____

Date: _____

Print Name: _____

Email: _____

Childs Name(s) _____

Phone _____

