

# REAPER'S REVENGE GUEST WAIVER & LIABILITY AGREEMENT

## REAPER'S REVENGE HAUNTED ATTRACTION Waiver, Release of Liability, and Assumption of Risk Agreement

Address: 460 Green Grove Rd, Scranton, PA 18447



**READ CAREFULLY AND CHECK EACH BOX – THIS IS A LEGAL DOCUMENT**



### 1. ASSUMPTION OF RISK

I understand and acknowledge that participating in a haunted attraction involves inherent risks, including but not limited to: darkness, uneven terrain, loud noises, fog effects, strobe lights, sudden actions, slippery conditions, changing environments, exposure to latex or other allergens, physical contact by actors, psychological stress, and emotionally intense situations. These activities may result in serious injury or property damage. I voluntarily assume all known and unknown risks, even those arising from the negligence of Reaper's Revenge, its owners, employees, contractors, volunteers, agents, and affiliates (collectively, "Releasees"). In addition, participation may include exposure to strobe lights, loud noises, fog, sudden scares, narrow spaces, uneven walking surfaces, and physically demanding environments. Guests with medical conditions including heart problems, seizures, pregnancy, respiratory issues (such as asthma), anxiety disorders, or any condition aggravated by stress, fear, or physical exertion should not participate. By checking this box, I confirm I do not have any condition that would endanger my health or safety by participating.



### 2. RELEASE AND WAIVER OF LIABILITY

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, waive, discharge, and covenant not to sue the Releasees from any and all liability for any injury, disability, death, or loss or damage to person or property arising out of or in connection with my participation in the Attraction, whether caused by negligence or otherwise, to the fullest extent permitted by Pennsylvania law.



### 3. INDEMNIFICATION

I agree to indemnify and hold harmless the Releasees from any loss, liability, damage, or costs, including attorneys' fees, which may incur due to my participation in the Attraction, whether caused by the negligence of the Releasees or otherwise.



### 4. MEDICAL AUTHORIZATION

In the event of an injury or medical emergency, I authorize the Attraction staff to seek medical assistance for me, and I accept responsibility for any and all associated costs.



### 5. PHOTO/VIDEO RELEASE

I consent to the use of photographs or audio/video taken of me during my visit for promotional purposes without compensation.



### 6. GENERAL CONDITIONS

No refunds or exchanges. Reaper's Revenge reserves the right to refuse admission or eject any guest for failure to follow rules or staff directions. Minors must have this form signed by a parent or legal guardian. I certify that I am not under the influence of drugs or alcohol and am physically and mentally fit to participate.



### 7. GOVERNING LAW

This Agreement shall be governed by and construed under the laws of the Commonwealth of Pennsylvania. If any provision is found unenforceable, the remaining provisions shall remain in full force and effect.

**I HAVE READ THIS DOCUMENT THOROUGHLY AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. I SIGN THIS FREELY AND VOLUNTARILY.**

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If under 18: Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_