

Get ready for a new lesson in FEAR when you tour FEARFILLED Prep School, Home of the Demented.

Participants should be advised that this stay features enclosed spaces, special effects lighting, gore and horror that is designed to cause fright and nightmares. I understand that being permitted to participate in the above noted activity, there are potential risks including but not limited to:

- Being enclosed in a small, tight spaces
- Dim lighting, strobe lights, and fog machines
- Exposure to horror and gore
- Being inadvertently touched by inanimate props, decorations, or cast members
- Being monitored & recorded by closed circuit video equipment
- We do not recommend the haunted for anyone 10 and under.

Participant’s Name _____ Age _____

Address _____ City _____

Parent/Guardian Name _____ Phone _____

Emergency Contact

Name _____ Phone _____

I, _____ declare that I am the participant, and/or the parent or legal guardian of _____ (hereinafter referred to as "Participant(s)").

I, the undersigned, do hereby agree to participate and/or allow Participant(s) to participate in the classes and programs listed above. I am aware that participation in the above listed activity involves an element of risk and danger of accidents. I am participating and/or allowing Participant(s) to participate in this activity with knowledge of the danger involved. **I accept and assume all risks of injury, death, or property damage. (Please initial) _____.**

I agree to release, waive, discharge and covenant not to sue the City of Fairfield, PAL, sKreamZ! Haunted Attractions, its officers, agents, volunteers or employees, from all actions, claims, demands or liability for any bodily injury, death or property damage arising out of or in any way connected with my and/or Participant(s)' participation in this activity. I also grant full permission to the City of Fairfield/PAL/sKreamsZ to use my and/or Participant(s)' name and/or photograph, videograph, motion picture or recording for any publicity or promotion purposes without obligation or liability. **I agree to wear a mask and social distance at all times.**

COVID WAIVER AMENDMENT

The novel coronavirus, COVID-19, is a worldwide pandemic. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, the State of California and County of Solano have imposed social distancing and other public health measures. The City of Fairfield, sKREAMZ, and Fairfield PAL have in place preventative measures to reduce the spread of COVID-19 during its activities; however, we cannot guarantee that you or your family will not become infected with COVID-19. Further, voluntarily participating in this program could increase your risk and our family’s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that the Participant/I may be exposed to or infected by COVID-19 by participation in any Fairfield PAL Programs and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury to the Participant or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or the Participant may experience or incur in connection with my/our participation in any PAL programs. I hereby release, covenant not to sue, discharge, and hold harmless the City of Fairfield, Fairfield PAL, its employees, agents, and representatives, of and from any COVID-19 related claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any COVID-19 claims based on the actions, omissions, or negligence of the City of Fairfield or Fairfield PAL, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after my/our participation in Fairfield PAL programs. Understanding the risks of the listed activities, and understanding that the risk of becoming exposed to or infected by COVID-19 during participation in Fairfield PAL programs may result from the actions, omissions, or negligence of myself, my family, and others, including, but not limited to, City employees, Fairfield PAL, its agents, representatives, volunteers, the general contractors’ participating in the Fairfield PAL programs, their subcontractors and material supplier, I hereby agree to assume those risks and release and hold harmless the City of Fairfield, Fairfield PA, its officers, employees, agents, and volunteers, from any liability to me or my heirs or assigns for damages arising out of or related to Participant’s participation in the activities listed above, including any provided transportation services.

Print Name _____ Date _____

Signature _____