

## GENERAL RELEASE HAUNTED HOUSE

Releasing Person: \_\_\_\_\_

Address: \_\_\_\_\_

Released Persons: EVILHILL PRODUCTIONS, INC., AND David Barnhill

Address: 110 Malcolm Avenue, Minneapolis, MN 55414

1. Releasing Person voluntarily and knowingly executes this General Release with the express intention of eliminating the Released Persons' past, present and future legal liabilities and obligations as described below.
2. Releasing Person hereby releases the Released Persons from all past, present and future claims, whether currently known or unknown, that have arisen or may arise from the following occurrence or activity: All past, present and future, actual or possible claims resulting from the Releasing Person's activities as a volunteer or otherwise in the Haunted House operated by Evil Hill Productions, Inc.
3. In exchange for granting this Release, the Releasing Person has received, or will receive, the following payments or other benefits: Released Person shall allow Releasing Person to participate as a volunteer or otherwise in the Haunted House operated by Evil Hill Productions, Inc. It is expressly understood and agreed that execution of the General Release is a prerequisite to the Releasing Person's participation and that Releasing Person assumes all risk of injury or harm which may result as a consequence of the Releasing Person's participation except for injury or harm resulting from intentional misconduct by the Released Persons, or any of them.
4. In executing this General Release, the Releasing Person additionally intends to bind his or her spouse, heirs, legal representatives, assigns and anyone else claiming under him or her. Releasing Person intends that this General Release apply to the heirs, personal representatives, assigns, insurers and successors of the Released Persons as well as to the heirs, personal representatives, assigns, insurers and successors of the Released Persons as well as to the Released Persons.
5. I, the undersigned hold harmless Evilhill Productions, David Barnhill, Robin Center LLP, the Main Street School of Performing Arts in Hopkins and the Hopkins Area Jaycees and all their affiliate entities, agents, representatives and employees from any injury, accident or liability which may arise in connection with participation and/or transportation for this event including, but not limited to potential liability resulting from the content of the program.
6. David Barnhill/Evilhill Productions strongly urges and advises all participants to have their own health care insurance.
7. I give my permission to Evilhill Productions, the Hopkins Area Jaycees and the Main Street School of Performing Arts to use my name, city and state, photograph, videotape, or any likeness for publicity and the use of statements made by or attributed to me relating to my participation in the Dungeons of Darkness and Doom and grant Evilhill Productions any and all rights to said use without further compensation. It is my understanding that my signature below releases Evilhill Productions, Inc., and its affiliates, from any financial or legal responsibility from the use of media relations and promotional materials as is pertains to me.
8. I understand the following warnings:
  - a) There will be no smoking in the Dungeons of Darkness and Doom building. Minors are not allowed to smoke ever.
  - b) No sexual harassment of any kind will be tolerated
  - c) No bullying of any kind will be tolerated.

- d) There will be no alcoholic beverages at the event site.
- e) There will be no un-prescribed drugs on the event site.
- f) Any acts of violence, theft or vandalism will result in expulsion from the Dungeons of Darkness and Doom

9. Participants are advised to have transportation to and from the event site. Evilhill Productions, its affiliates, sponsors and volunteers are not liable or responsible to provide transportation to and or from the event site. Evilhill Productions is not responsible to provide phone service to any volunteers.

I declare that the terms of the release have been completely read and are fully understood and are voluntarily accepted.

\_\_\_\_\_  
Print Name – Releasing Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Releasing Person's Signature

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Print Name - Releasing Person's Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

Emergency Contact information: (please print)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Best number to call - include more than one if desired

\_\_\_\_\_  
Relationship to participant