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**RELEASE OF LIABILITY, ASSUMPTION OF RISK, WAIVER OF CLAIMS &  
INDEMNIFICATION AGREEMENT**

In consideration of Amor Exquisite Events, LLC "A Twisted Trail Of Terror" furnishing services and/or equipment to enable me to participate in A Twisted Trail Of Terror. I fully understand and acknowledge that; (a) risks and dangers exist in my participation in A Twisted Trail Of Terror activities; (b) my participation in such activities and/or use of such equipment may result in my injury including but not limited to bodily injury, eye injury, seizure, Covid-19, blindness, heart attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of Amor Exquisite Events, LLC, the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature, or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of Amor Exquisite Events, LLC, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Amor Exquisite Events, LLC, and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of A Twisted Trail Of Terror or my participation in A Twisted Trail Of Terror activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers, or employees of Amor Exquisite Events, LLC. If the participant is of minority age, the undersigned parent or guardian hereby give permission for Amor Exquisite Events, LLC to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in A Twisted Trail Of Terror.

I grant Amor Exquisite Events, LLC, its representatives, and its employees the right to take photographs and/or video of me and my property in connection with my participation in these activities. I authorize Amor Exquisite Events, LLC to copyright, use and publish, in print and/or electronically, photographs and/or video of me with or without my name for any lawful purpose.

**PRINTED PARTICIPANT NAME**

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**EMAIL** \_\_\_\_\_

**SIGNED NAME OF PARTICIPANT** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(Parent or guardian signature if under 18)