



VOLUNTARY ASSUMPTION OF RISK, UNCONDITIONAL WAIVER OF LIABILITY, INDEMNITY AND RELEASE

In consideration of my being allowed to participate in the virtual reality activities (the "Activities") provided by VR Tech LLP ("VR Tech Lounge") and being permitted to use its facilities and equipment, I agree to the following assumption of risk and waiver.

I ACKNOWLEDGE THAT I HAVE READ THE HTC VIVE SAFETY INSTRUCTIONS, I AM VOLUNTARILY PARTICIPATING IN THE ACTIVITIES, I AM AWARE OF THE RISKS ASSOCIATED WITH VIRTUAL REALITY ACTIVITIES AS DESCRIBED BELOW AND I AM PARTICIPATING ENTIRELY AT MY OWN RISK. I ALSO ACKNOWLEDGE THAT THE ACTIVITIES MAY INVOLVE A TEST OF MY PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH THEM THE POTENTIAL FOR SERIOUS INJURY OR EVEN DEATH AS DESCRIBED BELOW.

I acknowledge that I will be alone in the Activity space assigned to me and that the Activities do not take place with any employee or representative remaining inside the Activity space to limit the risks described below or to prevent any of the possible consequences listed below from arising. I also acknowledge that my use of DoVR's facility, equipment, and my participation in the Activities, entails known and anticipated risks that could result in physical or emotional injury, or damage to myself, to property, or to third parties. I understand that such risks include, among other things: **loss of awareness, eye strain, eye or muscle twitching, involuntary movements, altered, blurred or double vision or other visual abnormalities, dizziness, disorientation, impaired balance, impaired hand-eye coordination, nausea, lightheadedness, seizures, discomfort or pain in the eyes or head, fatigue or any symptoms similar to motion sickness, all of which can persist and become more apparent hours after use and accordingly lead to increased risk of injury when subsequently engaging in normal activities. I also understand that while participating in the Activities there is a risk of both the above listed specific risks and other physical surrounding risks, such as entanglement in the cables or cords associated with my participation in the Activities or other physical surrounding risks, causing loss of circulation, disorientation, falling, or another action or event resulting in injury.**

I acknowledge the above risks and the possibility of their occurrence results from the nature of the Activities and can occur without any fault on the part of the participants, VR Tech Lounge or its directors, officers, employees, representatives, agents or the facility where the Activities are taking place. Accordingly, by choosing to participate in the Activities, I acknowledge that I reasonably expect to encounter one or more of the risks set out above, accept those risks and all other inherent risks associated with participating in the Activities, and further, agree to assume the immediate consequential risks of an accident, injury or even death occurring, as well as all other risks, including subsequent or consequential risk.

LEGAL ACKNOWLEDGEMENT: Based on the above, I hereby waive any right to claim against, and hereby agree to hold harmless and to indemnify, VR Tech Lounge and its directors, officers, employees, agents and representatives against all claims, suits, responsibilities, liabilities, losses or causes of action of any kind whatsoever, for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf resulting from my participation in the Activities. In providing this release I also intend to bind my heirs, administrators, executors and legal representatives so as to forever release VR Tech Lounge and its directors, officers, employees, agents and representatives from any claims, suits, responsibilities, liabilities, losses or causes of action of any kind resulting from my participation in the Activities due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care, including the failure to safeguard or protect me from the risks, dangers and hazards of participating in the Activities.

By checking this box I grant to VR Tech LLP, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize VR Tech LLP, its assigns and transferee to copyright, use and publish the same in print and/or electronically. I agree that VR Tech LLP may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I would like to be added to VR Tech Lounge mailing list to receive updates, content release information, monthly newsletter and promotions.

Signature of Participant: _____ Date: _____
Full Name (Please Clearly Print): _____
Phone #: _____ E-Mail Address: _____

If Participant under 18 (age recommendation of 12 and up), please complete the following:

As parent/legal guardian of _____, I consent to the above voluntary assumption of risk, unconditional waiver of liability, indemnity and release.

Signature of Parent/Legal Guardian: _____ Date: _____
Name of Parent/Legal Guardian (Please Print): _____
Phone #: _____ E-Mail Address: _____