umVRral VR Safety Release Form

Participant Information:

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health and Safety Acknowledgment:

I, the undersigned participant, understand and acknowledge the following:

Health and Physical Condition: I am in good health and do not have any medical conditions, disabilities, or injuries that could be aggravated or worsened by participating in virtual reality (VR) and motion-based activities. I understand that VR experiences may induce motion sickness, disorientation, and other adverse effects, and I am participating voluntarily with full awareness of the potential risks.

Pregnancy and Medical Conditions: I am not pregnant, and I do not have any medical conditions (such as heart conditions, epilepsy, severe motion sickness, etc.) that might be adversely affected by participating in VR motion experiences.

Medical Treatment: In the event of an injury or medical emergency, I authorize the unVReal VR staff to administer first aid and, if necessary, seek medical treatment on my behalf.

Assumption of Risk: I am aware that participating in VR motion activities involves certain inherent risks, including but not limited to physical injury, motion sickness, dizziness, and discomfort. I willingly assume all such risks associated with my participation.

Instructions and Guidelines: I agree to follow all instructions provided by unVReal VR staff regarding the proper use of VR equipment and adherence to safety guidelines.

Release of Liability: In consideration of being allowed to participate in VR motion activities at unVReal VR, I hereby release, waive, discharge, and hold harmless unVReal VR and its employees, agents, and affiliates from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, injury, or damage that I may sustain while participating in VR motion activities.

Consent for Minors (if applicable):

If the participant is a minor, I, as the parent or legal guardian, hereby give my consent for my child to participate in VR motion activities at unVReal VR Lounge. I acknowledge that I have read and understand the contents of this form and that I am agreeing to the terms on behalf of the minor participant.

Participant's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (if participant is a minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Witness (VR Motion Park Staff):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_

Please retain a copy of this form for your records. By signing this form, you acknowledge that you have read, understood, and agreed to its terms and conditions.