This RELEASE must be read and signed before participating in The Grievous Gallery.

In consideration of being allowed to enter 1021 Old West Innes Street, Salisbury, NC 28144 and/or participate in any activities or programs at the Grievous Gallery, the undersigned, on his or her own behalf and on behalf of any minor identified below, acknowledges, appreciates and agrees the following:

I acknowledge that I have voluntarily requested permission to enter the above establishment, and the general presence of danger exists by occupying the building and I am aware that this location may contain hazardous exposures and / activities and that I could be injured or killed. I will be participating in this activity with that knowledge of the risks, hazards, and potential danger involved, and agree to assume any and all risk of bodily injury, disability, death, or property damage, whether those risks, are known or unknown: including those that may arise out of the negligence of others participants.

I have been advised that if I suffer from anxiety, seizures, depression, PTSD or other mental / health conditions I should consult my healthcare provider or doctor before participating in any activity and by signing I acknowledge that I certify that I am in good and sound mental health and that I have no physical limitations which would preclude safe participation for myself or others and certify that I am not currently under the influence of drugs or alcohol, in a heightened state of distress or agitation and that the activities I am to participate in are for novelty entertainment purposes and make no claim as the therapeutic or healing process.

In signing this release, I give Grievous Gallery or assigns permission to use photographs, video or sound of myself in their publication, websites & other media services.

By the execution of this agreement, I certify that I am at least 18 years of age and it my intention to assume all risks and do herby surrender and waive any rights to sue or exercise any legal right to seek damages against GRIEVOUS GALLERY, LLC or any of its officers, directors, members, agents, employees, property owners, successors and or assigns (collectively “Releases”) from and with respect to any and all claims, actions, damages, suits, liabilities, costs and other obligations, including, without limitation, claims or damages for bodily injury, death or property damage, that are suffered or incurred by participant, to the maximum extent allowed by law. I agree that I will not violate the terms of this release and that if I do, I agree to pay all reasonable defense costs and attorney’s fees arising out of my breach.

The Release shall bind the Undersigned, Participant and each of their respective heirs, personal representatives, successors and assigned and shall inure to the benefit of Grievous Gallery and the other Releases. This Releases shall be governed by and construed in accordance with the laws of the State of North Carolina.

I have received and read a copy of the operational rules and understand that it is my responsibility to ask questions about the operational rules and regulations if necessary. I understand that it is my responsibility to ensure that I/my children understand the rules. It is my responsibility to monitor my children and my own activities. I will bring any observation of the rules being broken to the attention of a staff member of the Grievous Gallery immediately.

RULES

- Only items purchased / approved by the Gallery can be thrown
- Remain behind the counter when throwing
- Throw only at the designated wall / prop – nowhere else
- Do not enter the throwing pit under any circumstances

- Anyone violating rules or safety of anyone will be removed
- Please watch your step and keep out of restricted areas
- Safety glasses must be worn while in the throwing room
- We have the right to refuse entry to anyone that appears to be under the influence of drugs/alcohol or in a heightened state of agitation or distress for the safety of our staff and guests

Signature:_____

Name:_____

Address:_____

City, State, Zip:_____

Email:_____