

Para Expeditions Accident Waiver & Release of Liability Form

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL
ACTIVITIES ASSOCIATED WITH THIS EVENT Taking place at (Address:)

_____, on

(Date:) _____, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health related reasons or problems which preclude my participation in this activity. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity. In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Para Expeditions, para Tours LLC and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers; (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. I acknowledge that Para Expeditions, Para Tours LLC and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf. I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity. I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsor, organizers, and assigns. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

GDPR (General Data Protection Regulation)

June 19, 2019, version 1.0

At the Haunted Hinsdale House, based at 3830 McMahan Rd, Hinsdale, NY 14743, USA, ("HHH" or "we"), we prioritize data security and confidentiality high. This Privacy Policy sets out clear guidelines for HHH's 'way of processing your personal information.

The following explains how we use the personal data that you leave behind and / or submit when you use the HHH Surveillance Camera service on site, that you can request from the location owner, and when you attend the various functions and services of the HHH.

HHH is the data controller for the personal data that is collected and processed via HHH.

1. Collection of personal data

You will always be informed prior to the collection of personal information about you. We collect information in connection with your attending an event with us, using HHH functions and services as well as through your communication with us.

It will always appear in connection with the submission of information whether the release is voluntary or necessary for the implementation of the requested action.

The types of information collected are:

Camera footage that may include you and other's in your team from surveillance cameras located around the property,

Contact information, including name, email address, telephone number

Signature

By accepting HHH's Terms of Use and Privacy Policy, you agree that HHH may process sensitive personal information about you for the purposes listed.

(PLEASE PRINT) Participant's Name/Team Leader Name :

Date:

"_____@_____

_ Email Address: (Please Print)

(PLEASE PRINT) Team Name

YES: NO: Can we follow up to ask if your event was satisfactory?

YES: NO: Can we follow up to ask if you would like to purchase the extra footage from your event /investigation ?

Signature of parent or guardian if child is under 18 years "

Date: "

Age:

