

REALITY SHIFT VR - PARTICIPANT WAIVER AND SAFETY ACKNOWLEDGMENT

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Template note: Have your attorney or insurance provider review and approve the final waiver before relying on it.

Participant Information

Full Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Parent/Guardian for Minors

If participant is under 18, a parent or legal guardian must sign. Parent/Guardian Name: _____

Relationship: _____ Phone/Email: _____

Assumption of Risk

I understand that virtual reality activities involve physical movement including walking, turning, crouching, dodging, reaching, and reacting to simulated events. Risks may include falls, collisions, dizziness, motion sickness, nausea, eye strain, disorientation, muscle strain, panic, anxiety, seizures, headaches, or other injuries. I voluntarily choose to participate and accept these risks.

Health and Safety Acknowledgment

I confirm that I am physically able to participate. I agree not to participate if I am under the influence of alcohol, illegal drugs, or any substance that may impair balance, judgment, or reaction time. People with epilepsy, seizure history, heart conditions, pregnancy, serious balance issues, severe motion sickness, or other medical concerns should consult a medical professional before participating.

Rules of Play

I agree to follow all posted rules and staff instructions. I will wear equipment properly, stay within the designated play area, stop immediately if instructed, and report discomfort, dizziness, equipment issues, or unsafe conditions. Staff may stop my session for unsafe behavior.

Equipment Responsibility

I agree to use VR headsets, controllers, accessories, and arena equipment carefully. I understand I may be responsible for damage caused by reckless, intentional, or negligent misuse.

Media Release

Reality Shift VR may record photos or videos for security, highlights, social media, or promotional use. Please choose one:

I give permission for my/my child's image or gameplay footage to be used by Reality Shift VR.

I do not give permission for promotional use. I understand security footage may still be retained for safety and operational purposes.

Release of Liability

To the fullest extent allowed by law, I release and hold harmless Reality Shift VR, its owners, employees, contractors, agents, vendors, and affiliates from claims arising from participation in VR activities, except where prohibited by law.

Agreement

I have read and understand this waiver. I sign voluntarily and confirm that the information provided is accurate.

Participant Signature: _____ Date: _____

Parent/Guardian Signature if under 18: _____ Date: _____

Staff/Witness: _____ Date: _____