



GYSAT VENTURES LLC MINOR RELEASE FORM

For all persons under eighteen (18) years of age a parent or legal guardian must sign the following acknowledgement.

I the undersigned am the Parent/Legal Guardian and I hereby acknowledge that I have executed the foregoing Release for and on behalf of the minor named herein and agree to bind myself, the minor, his/her executors, administrators, heirs, next of kin, successors, and assigns to the terms of the foregoing Release. I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or healthcare facility to treat the minor named herein for the purpose of attempting to treat or relieve such injuries. I consent to the administration of all medical care. By signing this agreement I agree that I or the part of my responsible party lose my/our right to sue anyone involved with this GYSAT Ventures LLC puzzle room experience/event.

Emergency Contact Phone Number: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Date: ____ / ____ / ____ Parent / Legal Guardian / Authorized Chaperone **(Please circle one)**

Minor #1 Name: _____ **Age:** _____

Minor #2 Name: _____ **Age:** _____

Minor #3 Name: _____ **Age:** _____

Minor #4 Name: _____ **Age:** _____

Minor #5 Name: _____ **Age:** _____

Minor #6 Name: _____ **Age:** _____

By signing this minor release form, you have agreed the above named minors are allowed to participate in a GYSAT Ventures LLC puzzle room experience and have also confirmed that you have read and agreed to the separate Terms and Conditions on the GYSAT Ventures LLC "Participant Release and Waiver Agreement".