

## Liability Waiver and Release Form

**Tour Name:** Nitti's Vault & Tunnel

**Date of Tour:** \_\_\_\_\_

**Participant Information:**

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Acknowledgment of Risks:**

I, the undersigned participant, understand and acknowledge that participation of Nitti's Vault & Tunnel involves certain risks, including but not limited to:

1. Navigating tight spaces, which may cause discomfort, claustrophobia, or injury.
2. Walking on uneven terrain, which may result in slips, trips, or falls.
3. Other inherent risks associated with the nature of the tour.

I understand that these risks could result in physical or emotional injury, property damage, or other harm. I acknowledge that my participation is voluntary and that I assume full responsibility for any risks, injuries, or damages that I may sustain as a result of participating in this activity.

**Release of Liability:**

In consideration of being allowed to participate in the Nitti's Vault & Tunnel Tour, I hereby release, waive, discharge, and hold harmless Harry Caray's Restaurant, its owners, officers, employees, agents, and affiliates (collectively referred to as "the Released Parties") from any and all claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my property, whether caused by negligence or otherwise, while participating in the tour or in connection with any activities associated with it.

**Indemnification:**

I agree to indemnify and hold harmless the Released Parties from and against any claims, damages, costs, or expenses (including reasonable attorney's fees) arising out of or related to my participation in the tour.

**Medical Treatment:**

I authorize the Released Parties to obtain emergency medical treatment for me if deemed necessary and agree that I am responsible for the cost of such treatment. I declare that I am physically fit and have no medical conditions that would prevent my safe participation in this tour.

**Severability:**

If any provision of this agreement is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

**Acknowledgment of Understanding:**

I have read this Liability Waiver and Release Form, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

**Signature:**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the participant is under 18 years of age:

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact Information:**

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

Relationship: \_\_\_\_\_