

VIRTUAL REALITY HEADSET LIABILITY WAIVER AND RELEASE FORM

FOR ADULT PARTICIPANTS (18+ YEARS OLD)

I, _____ (full name), acknowledge that I have voluntarily chosen to use a Virtual Reality (VR) headset provided by **Wish or Wonder**. (Company/Provider Name) at _____ (Location). I understand and acknowledge the following:

- 1. Assumption of Risk:** I understand that VR experiences may involve motion, flashing lights, and immersive environments that could cause dizziness, nausea, seizures, or other health-related issues. I assume all risks associated with using the VR headset.
- 2. Health and Medical Conditions:** I confirm that I do not have any medical conditions (such as epilepsy, heart conditions, vertigo, or other conditions) that could be aggravated by the use of VR technology. If I have any concerns, I have consulted a medical professional before participating.
- 3. Release of Liability:** I release and hold harmless **Wish or Wonder** (Company/Provider Name), its owners, employees, agents, and affiliates from any and all liability, claims, damages, or losses arising from my use of the VR headset, including but not limited to personal injury, illness, or property damage.
- 4. Compliance with Instructions:** I agree to follow all safety guidelines and instructions provided by the Company and its staff. I understand that failure to comply may result in termination of my participation.
- 5. Indemnification:** I agree to indemnify and defend the Company against any claims arising from my use of the VR headset.

I have read and understood this waiver, and I voluntarily agree to its terms.

Signature: _____

Date: _____

Printed Name: _____