

## VIRTUAL REALITY HEADSET LIABILITY WAIVER AND RELEASE FORM

### FOR MINOR PARTICIPANTS (UNDER 18 YEARS OLD) – PARENT/GUARDIAN CONSENT

I, \_\_\_\_\_ (Parent/Guardian Full Name), as the parent or legal guardian of  
\_\_\_\_\_ (Minor's Full Name), hereby consent to my child's participation in using  
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 on behalf of my child.
- 2. Health and Medical Conditions:** I confirm that my child does 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 allowing my child to participate.
- 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 child's use of the VR headset, including but not limited to personal injury, illness, or property damage.
- 4. Compliance with Instructions:** I understand that my child must follow all safety guidelines and instructions provided by the Company and its staff. Failure to comply may result in termination of participation.
- 5. Indemnification:** I agree to indemnify and defend the Company against any claims arising from my child's use of the VR headset.

I have read and understood this waiver, and I voluntarily agree to its terms on behalf of my child.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Minor's Name:** \_\_\_\_\_

**Minor's Date of Birth:** \_\_\_\_\_