

**The Pickle Bar, LLC**  
**Waiver & Release of Liability**

I, \_\_\_\_\_ ("Participant"), acknowledge that I am participating in activities, programs, and/or events (collectively, the "Activities") at The Pickle Bar ("Facility"), voluntarily and of my own free will. I understand that there are risks associated with participating in the Activities, including but not limited to the risk of physical or emotional harm, and I accept and assume those risks.

In consideration of the Facility allowing me to participate in the Activities, I hereby release, discharge, and hold harmless the Facility, its owners, operators, employees, agents, and assigns (collectively, the "Released Parties") from any and all claims, damages, and liability, whether known or unknown, arising out of or in any way connected with my participation in the Activities, including but not limited to any claims for personal injury, emotional distress, or property damage.

I also hereby agree to indemnify and hold harmless the Released Parties from any and all claims, damages, and liability brought by any third party as a result of my participation in the Activities.

I represent and warrant that I am over the age of 18, or that I am the parent or legal guardian of the minor participant named below, and that I have read this waiver and release of liability, fully understand its terms, and understand that I am giving up substantial rights, including the right to sue the Released Parties.

By signing this agreement, you acknowledge that you will receive emails with updates, promotions and news from The Pickle Bar. I understand that I can unsubscribe at any time by clicking the link in the email or by contacting The Pickle Bar directly.

I acknowledge that I am signing this waiver and release of liability freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Yes, I would like to receive SMS marketing from the Pickle Bar.

Yes

Signed: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Name of Minor Participant (if applicable):

1. \_\_\_\_\_ DOB: \_\_\_\_\_

2. \_\_\_\_\_ DOB: \_\_\_\_\_

3. \_\_\_\_\_ DOB: \_\_\_\_\_

4. \_\_\_\_\_ DOB: \_\_\_\_\_