

In the Shadows PARANORMAL PROJECT

Assumption of Risk Agreement

WAIVER OF LIABILITY / PARTICIPATION CONTRACT

I _____ property owner of _____ (business name) located at _____ (address), _____ (city), _____ (state), _____ (zip), give my consent for the In the Shadows Paranormal Project team to perform a paranormal investigation on my property. I also swear that as of the date signed on this contract that I am of legal binding age (18yrs) to do so and hold myself solely responsible for any action taken on my behalf.

Any information and evidence obtained throughout the tenure of this investigation will be deemed joint property shared between the In the Shadows Paranormal Project Team and the property owner. The In the Shadows Paranormal Project may however display or share the data collected and information regarding the investigation with colleagues and professional partner websites, with censorship of any names, addresses, and/or personal specifics to protect the client's information.

Information gathered will not be used against any members of the In the Shadows Paranormal Project Team nor against the property owner, that may in any manner be construed to be destructive or malevolent in nature whether by intent or by chance.

The investigation / research process has been explained to me and I understand what is expected for the investigation to proceed and that there is always a potential for physical injury. I agree to release the In the Shadows Paranormal Project Team and its members from any liability for injuries and/or damages pertaining to the investigation and in no manner will the In the Shadows Paranormal Project Team members or the property owner be held accountable, liable, or otherwise responsible for lost, missing, stolen, or damaged equipment or personal belongings of either party unless intent is verified and documented.

SIGNED _____ DATE _____

WITNESS _____ DATE _____



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