

In the Shadows PARANORMAL PROJECT

Confidentiality Agreement

It is understood and agreed to that the below identified discloser of confidential information may provide certain information that is and must be kept confidential. To ensure the protection of such information, and to preserve any confidentiality necessary for peace of mind, it is agreed that:

The Confidential Information to be disclosed can be described as and includes:

1. Any information that is designated as 'Confidential' information at the time of this disclosure to the In the Shadows Paranormal Research Team.
2. The recipient agrees not to disclose the confidential information obtained from the discloser to the public or anyone else unless required to do so by law.
3. The investigation information and/or evidence may be publicly released at the discretion of the In the Shadows Paranormal Project and with no restriction, provided that the identity of any witnesses, clients and/or location specifics are changed or omitted.
4. This agreement states the entire agreement between the parties concerning the disclosure of Confidential Information. Any addition or modification to this Agreement must be made in writing and signed by the parties.
5. The Recipient agrees not to disclose the In the Shadows Paranormal Research procedures, discoveries, documentation, data (including video or audio, analog or digital), findings or conclusions without the express permission of In the Shadows proper release forms have been signed by both parties.
6. If any of the provisions of this Agreement are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Agreement as a whole.

WHEREFORE, the parties acknowledge that they have read and understand this Agreement and voluntarily accept the duties and obligations set forth herein.

Recipient of Confidential Information:

Name (Print or Type): _____

Signature: _____ Date: _____

Discloser of Confidential Information: _____

Name (Print of Type): _____

Signature: _____ Date: _____



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