

Guest Safety Waiver



Investigation Location: _____

_____ I agree that as a guest of the team I will not hold any other member of the team liable for any injuries to myself that are occurred during an investigation of a home, business, or public property.

_____ I agree that as a guest of the team I will not hold any client* of the team liable for any injury done to myself or my personal equipment while performing duties within the scope of an investigation.

_____ I agree that should I cause damage to a home, business, personal or public property while on an investigation with the team I will reimburse the owners of that property for that damage.

* Client will be any person that should contact the team for an investigation of their home, business or public property, or to consult the team regarding a haunting or other paranormal activity.

GUEST:

Printed Name: _____

Signature: _____

Date: _____

TEAM REPRESENTATIVE:

Representative's Printed Name: _____

Signature: _____

Date: _____