

Member Medical Release Form



I, the undersigned, agree that in signing this document I release _____
_____ (the Team), its members, and their families of my own
free will from any and all responsibility for any and all damage that may occur to me and
personal property during the course of the investigation. I furthermore and of my own free
will release the Team, its members, and their families of any and all responsibility
whatsoever for any physical or psychological harm that may at any time come to me as a
result of attending and observing an investigation involving paranormal phenomena.

I acknowledge and understand that the Team will not in any way be held responsible for
any medical or hospital costs associated with injuries or illnesses I may sustain in the course
of the investigation.

In signing this release, I acknowledge that I waive liability and will hold the Team harmless
for any injury arising from my participation.

I have read this agreement, understand it, and sign it voluntarily as my own free act and
deed; no oral representations, statements, or inducements, apart from the foregoing written
agreement, have been made.

I am at least eighteen (18) years of age and fully competent; and I execute this release for
full, adequate, and complete consideration fully intending to be bound by same.

IN WITNESS WHEREOF, I _____ have hereunto set
my hand on this ____ day of _____ in the year ____.

Signature

Date

Witness Signature

Date