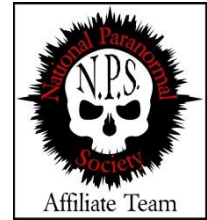


# Release of Liability



Case No: \_\_\_\_\_

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

Client Last Name: \_\_\_\_\_

Location City: \_\_\_\_\_

We, members and guest investigators, of \_\_\_\_\_ (the Team) acknowledge that the client requests a level of confidentiality that was stated on the *Client Information Release Form*. By signing below, we agree to client's wishes and will not release any names, places, information, or evidence unless the client has authorized us to do so. Any member or guest investigator who violates this agreement will be immediately removed from the Team and no longer be allowed to investigate with the team in the future. We also acknowledge the client has the right to civil suit or prosecution for any member violating this confidentiality agreement.

We, members and guest investigators, of the Team also relieve the clients of any and all liabilities in the event we are hurt or become deceased on the way to, during, and on the way from the client's location. We are responsible for our own health/ accidental insurance and cannot hold the client listed above liable in ANY way.

Acknowledged by the Team members and guest investigators by our signatures below:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

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