



WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT FOR ~~KINDRED SPIRITS~~ PARANORMAL TEAM (KSPT) INVESTIGATION TOUR ALL TOUR PARTICIPANTS ARE REQUIRED TO SIGN A LIABILITY RELEASE WAIVER.

1. I, _____ am to assume the full risk on the KINDRED SPIRITS PARANORMAL TEAM (KSPT) INVESTIGATION & TOURS.
2. I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE, KSPT and The Parkside, their team members, volunteers, agents, servants, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.
3. I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH that may be sustained by me, or any loss or damage of property owned by me, as a result of being engaged in such activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE.
4. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.
5. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Pennsylvania.

I understand that the RELEASEES are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting or a specific activity on their behalf. I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. I understand The Parkside is still under restoration and the risks include, but are not limited to, unlevel floors, debris from ceilings, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants but are also present for volunteers. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

6. The RELEASEES are granted the right to use and publish audio, digital, photographs or other recordings of me, or in which I may be included, for publicity, educational, advertising and any other purpose or medium without my inspection or approval and release them from all claims and liability relating to the above.



7. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless 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 (a parent/legal guardian accompanying me if I am 16 or 17 years of age) and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Date of Tour: _____

Participant: *(All participants must sign the Waiver & Release to participate in the Tour and/or Overnight Investigation – Refusal to sign, the participant will not be permitted to participate and will be asked to leave the premises)*

Print Name of Participant _____

Signature of Participant _____

Print Name of Parent/Legal Guardian (or parent/guardian if participant is a minor of 16-17 years of age)

Print Name of Participant _____

Signature of Participant _____