



The Blue Ball Inn Paranormal Investigation Release Form

1970 Brucetown Rd. Clear Brook, Va | 540-313-0880 | Blue.Ball.Inn.1747@gmail.com

Form must be completed entirely by responsible party or parties prior to investigation. Additionally, responsible party must be present with their group for the entire duration of the event. This form is a release for only ONE team. If you have additional teams coming with you, they are also **REQUIRED** to fill out this form or risk being unable to stay for the investigation.

Name: _____ Phone: _____ E-Mail: _____

Team Name: _____ Number of People Investigating: _____

I, _____ HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES conducted at The Blue Ball Inn at 1970 Brucetown Rd., Clear Brook, VA, and agree to indemnify, release, and hold Joseph Durbin harmless in all activities I participate in here, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I CERTIFY that I am physically fit, have sufficiently prepared for participation in this activity, and have not been advised to not participate by a qualified medical professional.

I CERTIFY that there are no health-related reasons or problems which preclude my participation in this activity. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(1) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Joseph Durbin and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers; (2) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. I acknowledge that The Blue Ball Inn and their directors, officers, volunteers, representatives, and agents are NOT responsible for errors, omissions, acts, or failures to act of any party or entity conducting 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. The risks include, but are not limited to, 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.

I understand while participating in this activity, I may be photographed or recorded. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

I hereby certify that I acknowledge and agree to provide Joseph Durbin with any and all footage, photography, and audio recordings I create on the property or in relation to my investigation there within.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT.
I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF
MY OWN FREE WILL.

SIGNATURES

Team Leader Name Printed & Signed Date

Additional Team Members (All parties investigating are **REQUIRED** to sign this form as well)

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| Name | Date | Name | Date |
| _____ | _____ | _____ | _____ |
| Name | Date | Name | Date |
| _____ | _____ | _____ | _____ |
| Name | Date | Name | Date |
| _____ | _____ | _____ | _____ |
| Name | Date | Name | Date |

If any participants are under the age of 18 you are **REQUIRED** have parent present to sign for the minor.
No minor will be permitted unless the biological and/or custodial parent of the minor is present and
signing for the minor.

| | | | |
|----------------------|-------------|------------------|-------|
| _____ | _____ | _____ | _____ |
| Parent/Guardian Name | Minors Name | Parent Signature | Date |
| _____ | _____ | _____ | _____ |
| Parent/Guardian Name | Minors Name | Parent Signature | Date |