

TEAM NAME HERE

Permission to Investigate

By filling out the form below you will allow us to investigate the location in question. All data obtained during the investigation is completely confidential and will never meet the public eye without your written consent. This document also releases you of all liability.

Permission to Investigate

Client Full Name:

Last

First

M.I.

Address:

Street Address

Apt./Unit #

City

State

Postal Code

How long have you lived at this location?

Home Phone:

()

Mobile Phone: ()

E-mail Address:

Are you the legal owner:

Yes No

If not, who is?

Investigator:

Contact Phone:

()

Mobile Phone: ()

I hereby grant permission and allow access to the location identified in this document above for the sole purpose of conducting an investigation into possible paranormal occurrences by a field research team comprised by members of the **Team Name Here** at this location. The investigative team will be allowed to use electrical connections, if available, for the sole purpose of the investigation. The investigator and any individuals accompanying the investigator hereby release the owner and/or property representative (tenant, agent, etc.) from any liability for injuries and/or damages that may occur during the investigation.

The investigators involved and their team also assumes responsibility for any damages incurred to the property listed above that was caused directly by the investigative team during the investigation.

The owner and/or property representative also agree to pay for any damages to the investigators equipment provided tampering or sabotage with the equipment by the owner, or any occupant of the property, and/or representative can be verified and documented as being responsible for such damage.

Team Name Here also assumes responsibility for proper releases of information from the property owners as per the signed 'Confidentiality Agreement' form; as no information about the investigation will be released without signed copies of the aforementioned form.

Authorized agent of property:

Date:

/ /

Printed Name:

Investigator Signature:

Date:

/ /

Printed Name: