

Your Team Name Here

Paranormal Researcher Waiver of Liability

I _____ [Team Member] _____ am aware that my participation in paranormal investigation involves a certain amount of inherent risks, dangers and hazards that can result in serious personal injury or maybe even death.

I hereby freely agree to assume and accept all responsibility over myself and my personal property while volunteering my time and services to the **Your Team Name Here**

I acknowledge that risks of paranormal investigations can be greatly reduced by abiding by the standards and protocols set forth by the **Your Team Name Here** and using common sense and assume that risk.

I hereby freely release, waive and hold harmless anyone involved with the event from any liability claims related to personal injuries sustained while during the event or on the property that the event takes place on.

Date _____

Team Member:

Signature _____

Printed Name _____

Group Leader:

Date _____

Signature _____

Printed Name _____

Please do not write in this box:

Your Team Name Here

- Name – Director, [name@email](#) address, contact phone number.
- Name – Assistant Director, [name@email](#) address, contact phone number.
- Name – Case Manager, [name@email](#) address, contact phone number.
- Name – Finance Manager, [name@email](#) address, contact phone number.
- Name – Technical Manager, [name@email](#) address, contact phone number.