



ST. LAWRENCE ASSOCIATION OF PARANORMAL SCIENCE

**Investigators Waiver of Liability**

I, \_\_\_\_\_ do hereby waive the rights of liability of (property owner) \_\_\_\_\_ while investigating his/her property at: \_\_\_\_\_ in the city of \_\_\_\_\_ in the state of \_\_\_\_\_.

I am solely responsible for my own safety, health and welfare during the time I am on the above mentioned property on the above mentioned date.

I have permission from the owner of the aforementioned property to conduct a paranormal investigation on the above mentioned date. I agree to take full responsibility for my actions and pledge to respect the property and the owner's privacy and that of neighboring properties.

\_\_\_\_\_  
Investigator's Signature

\_\_\_\_\_  
Date