



ST. LAWRENCE ASSOCIATION OF PARANORMAL SCIENCE

St.Lawrence Association of Paranormal Science ( S.L.a.P.s)

INVESTIGATION CONTRACT, WAIVER OF LIABILITY, AND INDEMNIFICATION AGREEMENT

I, \_\_\_\_\_, hereby grant permission to Representatives of S.L.a.P.s, to be present on the date

of \_\_\_\_\_, to perform an investigation for evidence of a paranormal nature at my establishment/ home, located

at: \_\_\_\_\_

By agreeing to this waiver, I, the above signed, hereby agree to the following statements listed below:

**1.** I am the legal owner of the property listed above and will give representatives of S.L.a.P.s access to all areas of my property as necessary to conduct said investigation during the date listed above, including the grounds and any buildings contained within property lines. I understand that I have the ability to deny access to any area of my property and will give S.L.a.P.s prior notification of off limit areas by listing said areas below:

\_\_\_\_\_

**2.** I will allow the S.L.a.P.s team, to take pictures, audio recordings, and video recordings, as part of their paranormal investigation in my establishment or home listed at the address above. I realize that the nature of the paranormal investigation means all evidence will be recorded on video and audio. Therefore, I understand that any of the evidence may be featured on, websites, video productions, or other forms of public media (the location listed above, by request, can be kept confidential).

**3.** paranormal activity may increase after an investigation, and do not in any way hold S.L.a.P.s responsible for this sort of occurrence.

**4.** I understand that I may request that the S.L.a.P.s team to recommend a spiritual or religious figure in the event I am uncomfortable with the activity in my establishment or home. I agree that I will not hold S.L.a.P.s liable for any activities performed outside the scope of the investigation by any persons recommended after said investigation. I understand that S.L.a.P.s will make a good faith effort to recommend only qualified individuals. I also acknowledge that any activities performed by said person could result in increased paranormal activity and will not hold S.L.a.P.s responsible.

**5.** In consideration for participating in S.L.a.P.s investigations and other valuable considerations, I hereby release, waive, discharge and covenant not to sue S.L.a.P.s, their officers, servants, agents, and employees (hereinafter referred to as representatives) 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 others located at the above location, or to any property belonging to me or others located at the above location, whether caused by the negligence of the representatives, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises.

**6.** This agreement also covers all individuals at the above location that are not representatives of S.L.a.P.s. By signing this document, I agree that I am liable for anyone other than S.L.a.P.s representatives at the location above during the investigation.

**7.** I further hereby agree to indemnify and hold harmless the representatives from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity, whether caused by negligence of representatives or otherwise.

**8.** It is my express intent that this Investigation Contract, Waiver of Liability, and Indemnification Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, shall be deemed as a release, waiver, discharge, and covenant not to sue the above named representatives. I hereby further agree that this Investigation Contract, Waiver of Liability, and Indemnification Agreement shall be construed in accordance with the laws of the State of New York.

**9.** I understand that I will not be responsible for any medical costs associated with an injury a S.L.a.P.s member may sustain during investigation procedures. I acknowledge that the dangers, both physical and emotional, that are associated with paranormal investigations are known to and understood by S.L.a.P.s team members and they engage in such activity of their own free will.

**10.** To the best of my knowledge, I can fully participate in this activity. I am fully aware of risks and hazards connected with the activity, including but not limited to the risks as noted herein, and I hereby elect to voluntarily participate in said activity, and to enter the above-named premises and engage in such activity knowing that the 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 to property owned by me, as a result of being engaged in such an activity, whether caused by the negligence of representatives or otherwise.

**11.** I understand that S.L.a.P.s will not be responsible for any medical costs associated with any injury I may sustain.

**12.** I acknowledge that I have been truthful about paranormal activities on my property and have given the most complete and accurate accounts to the best of my knowledge. I further acknowledge that I am not knowingly or willingly falsifying activities or participating in any activities to try to create situations that could simulate paranormal activity. I agree that, to the best of my knowledge, there are no items on

the premises for the sole purpose of falsifying, creating, or mimicking paranormal activity. I understand that if any member of S.L.a.P.s does locate any gag or prank item, or any type of device being used in such a way, the investigation will be considered compromised and will be terminated immediately.

**13.** I understand that S.L.a.P.s is investigating my premises at no cost. As such, S.L.a.P.s reserves the right to end an investigation at its discretion and will notify me of such a decision.

**14.** In signing this release, I acknowledge and represent that, I have read the foregoing Investigation Contract, Waiver of Liability, and Indemnification 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 and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

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Owner: Signed Legal Name Date

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Owner: Printed Legal Name Date

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Witness: Signed Legal Name Date

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Witness: Printed Legal Name Date

**SLAPS**

ST. LAWRENCE ASSOCIATION OF PARANORMAL SCIENCE

Thank you for inviting us into your home we hope you will be satisfied with our manner and respect for your home

**FREEGHOSTHUNT.COM**