

**Hold Harmless and Release of Liability Waiver**

The Seven Hills Paranormal Society, hereafter SHPS, is a name used to collectively identify a group of solitary persons with a similar interest in investigating paranormal activity. Participation in common activities with other persons identifying themselves with SHPS is absolutely voluntary. SHPS maintains the right and sole discretion to conduct activities privately and on an invitation-only basis. Meeting prerequisites set forth by SHPS' collective participants does not in any way extend automatic invitation to private events, nor does it grant privilege to witness evidence or documentation gathered in any SHPS investigation.

SHPS has rules which govern and may restrict the activities in which I can participate. These rules include, but are not limited to, completion of the basic training program for new investigators, and abiding by SHPS model of behavior and "SHPS Rules of Engagement".

SHPS makes no representations or claims as to the condition or safety of the structures, land, or surroundings it investigates. **I acknowledge that neither SHPS, its leadership, nor the client or property owner will be responsible for personal injury, loss, theft or otherwise, while I am willfully and voluntarily participating in a SHPS coordinated event.**

I understand that all activities are VOLUNTARY and that I do not have to participate unless I choose to do so. I understand that some of SHPS' activities are potentially dangerous or harmful to my person or property, and that by participating I voluntarily accept and assume the risk of injury to myself or damage to my property. I understand that if I am uncomfortable in a situation involving a specific structure, site, or other SHPS participant, or at any time do I feel threatened for my personal safety, it is my responsibility to disengage myself from the situation and report the circumstance to other SHPS participants at the time of its occurrence.

I understand that SHPS does NOT provide any insurance coverage for my person or my property. I acknowledge that I am solely responsible for my safety and my own health care needs and expenses, and I am solely responsible for the safety and protection of my personal property.

In exchange for allowing me to participate in SHPS coordinated activities and events, I agree to release from liability, agree to indemnify, and hold harmless SHPS, and any SHPS participant acting within the scope of SHPS' model of behavior and acting according to SHPS "Rules of Engagement", for any injury to my person or damage to my property.

This release shall be binding upon myself, successors in interest, and/or any person suing on my behalf.

I have read the statements in this document. I agree with its terms and have voluntarily signed it. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms are not binding upon SHPS or any of its participants.

I understand that this is a legal document. I have read and understood this release and I understand all its terms. I execute it voluntarily and with full knowledge of its meaning and significance.

**Legal Name (PRINT):** \_\_\_\_\_

**Legal Name (SIGN):** \_\_\_\_\_

**Parent/Guardian (SIGN):** \_\_\_\_\_

**Date:** \_\_\_\_\_