

# GHOST-PA™

Ghost Hunters of Southern Tioga - PA

## Investigation Release

I, \_\_\_\_\_, have the authority to allow access to GHOST-PA members and affiliated persons to \_\_\_\_\_ located in \_\_\_\_\_ for the purpose of conducting an investigation into possible paranormal occurrences or conducting field research at this location.

The investigation process has been explained to me and I give GHOST-PA permission to conduct an investigation at this location on \_\_\_\_\_.

GHOST-PA releases the owner of the location from any liability for injuries and/or damages incurred during the investigation to GHOST-PA personnel or equipment.

GHOST-PA assumes responsibility for any damages to the property during the investigation that result from actions performed by GHOST-PA personnel that were not approved verbally or in writing by the signing authority named above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_