

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 one at this location. GHOST-PA releases the owner of the location from any liability for injuries and/or damages incurred during the investigation. GHOST-PA assumes responsibility for any damages to the property during the investigation that result from actions not approved verbally or in writing by the signing authority named above.

Signed _____ Date _____
Witness _____ Date _____