

HOLD HARMLESS AGREEMENT

Syracuse Paranormal

Date:

Property Owner/Authorized Representative Name:

Investigation Location Address:

1. PURPOSE

The Property Owner grants SP permission to conduct a paranormal investigation at the above location using investigative equipment and techniques.

2. ASSUMPTION OF RISK

The Property Owner understands the risks involved, including psychological stress, potential physical hazards, or unexplained phenomena, and accepts them voluntarily.

3. RELEASE AND WAIVER OF LIABILITY

The Property Owner releases SP and its agents from liability for: -

Personal injury, illness, or death - Damage to property -

Disturbances or alleged hauntings following the investigation

4. DAMAGE LIABILITY

SP agrees to take reasonable precautions. SP is not liable for preexisting issues or damage resulting from normal investigative procedures.

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5. MINORS

☐ No minors will be present

☐ Minors will be present (written permission from legal guardian required and guardian must be on-site)

Name(s) and Age(s): _____

Guardian's Name: _____

Guardian's Signature: _____

Date: _____

6. HAUNTED OR UNUSUAL OBJECTS

☐ SP is permitted to remove haunted objects (details below) [

] SP is not permitted to remove any objects

Describe any objects SP may remove (if permitted):

7. OVERNIGHT STAY

☐ SP may remain on-site overnight [

] SP may not remain overnight

Start Time: _____ End Time: _____

8. HAZARDS & STRUCTURAL RISKS

☐ Hazards disclosed and described below

☐ No known hazards

Describe any known hazards:

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9. MEDIA RELEASE

☐ I authorize SP to record and publish video/audio/photo content [

] I do NOT authorize SP to record or publish content [☐ Omit

identifying information from media (if applicable)

SIGNATURES

PROPERTY OWNER / REPRESENTATIVE

Full Name: _____

Signature: _____

Date: _____

Email: _____

Phone: _____

SP REPRESENTATIVE Full Name:

_____ Signature:

_____ Date:

_____ Email:

_____ Phone:
