

RIVER CITIES PARANORMAL SOCIETY * NORCAL



Waiver, Release & Indemnity Agreement

Please print the top portion in black or blue ink.

Team Member Name's:

Date: _____

I (Team member) fully understand the risk of personal injury that may arise as a result in my participation in River Cities Paranormal Society * NorCal activities. I agree to assume such risk. I am in good physical health, and I know of no reason why I am not capable of participating in any such activities.

In consideration of the opportunity to participate in such activities and with full understanding of the possible risk of injury associated with my participation in these activities, I hereby waive any and all claims for personal injury and property damage, of any kind or character whatsoever, against River Cities Paranormal Society * NorCal its affiliates, their officers, directors and employees, and any and all other organizations that might sponsor such activities for River Cities Paranormal Society * NorCal and its affiliates in the future. I do hereby release and forever discharge each and every person and entity from liability for any such claims which may arise from or occur as a result of my participation in any such activities.

I acknowledge that I have not been ordered to participate in these activities and that my participation is entirely voluntary. I further acknowledge that I have not and will not be paid wages or expenses while participating in said activities. I recognize that by signing this Waiver, Release and Indemnity Agreement I am forfeiting all right to recover any amount from any accident or injury, including any Worker's compensation benefits.

To ensure safety at these activities I understand that alcohol is not allowed. In addition, I agree too indemnify and hold harmless River Cities Paranormal Society * NorCal, its affiliates, their Founders and volunteer/employees, and any and all other organizations that sponsor such activities from any and all claims of third parties, including but not limited to claims of fellow employees, for personal injury which may result from, or be caused by, my participation in any River Cities Paranormal Society * NorCal activities. This indemnity shall survive my participation in any and all such activities.

I acknowledge that my participation in River Cities Paranormal Society * NorCal activities is voluntary. I further acknowledge that I have read this Waiver, Release and Indemnification agreement. That I understand it, and that my signing this agreement is voluntary. This Waiver, Release and Indemnification shall remain in effect until I submit a written cancellation to River Cities Paranormal Society * NorCal.

I understand and acknowledge that River Cities Paranormal Society * NorCal Investigation Team will never trespass or intentionally damage property. I affirm that I am authorizing this investigation of my own free will.

Investigation Location:

RCPS*NorCal Team member/representative:

Founder Signature:

Date: