Northern Nevada Ghost Hunters

Property Access, Evidence/Information and Liability Release

I, _____ (print name), have the authority and hereby grant access to allow Northern Nevada Ghost Hunters (**NNGH**) members and affiliates to conduct an investigation at

☐ HOME ☐ BUSINESS (Name of business) _____

located at:_____
                                             (full address)

for the sole purpose of fully investigating possible paranormal occurrences on said site on as many dates as mutually agreed between myself and the Investigator.

Permission is also granted to **NNGH** to research the history of both the land and buildings associated with the location and to research any claims of personal experiences which could be considered paranormal.

NNGH respects your right to privacy. All of your personal information will be kept confidential. Investigation location and evidence collected (whether it be some or all) may be published on website, newsletter, and other future communications, depending on the level of confidentiality you choose.

Please check the level of confidentiality you request:

___ **NNGH** may release any/all of the evidence collected during the investigation, which will include names, city, and state. Parts to exclude: _____, if none please state none.

___**NNGH** may release the information providing that the identity of the witness and clients names are changed or concealed and the exact location is excluded or concealed. (Please circle concealed or excluded.)

___ **NNGH** may not release any part of the investigation to the public.

___ Other conditions: **NNGH** may: _____

_____

In no way will our investigation be influenced by the amount of confidentiality you choose.

I understand that the Investigator releases me from any liability for injuries and/or damages incurred during this investigation. The Investigator assumes full responsibility for any damages incurred by staff members only to the owner's property during the investigation. The Investigator is not liable for any damages incurred by paranormal phenomena.

Client Signature: _____ Date: _____

NNGH Representative:_____ Date:_____

(use reverse side if needed)