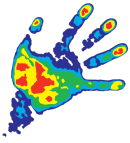


# THE ONTARIO PARANORMAL SOCIETY'S CLIENT INVESTIGATION AGREEMENT

I (client name) \_\_\_\_\_, property owner of (business name) \_\_\_\_\_ located at (street address) \_\_\_\_\_, (city) \_\_\_\_\_, (province) \_\_\_\_\_, (postal code) \_\_\_\_\_ consent to the following:

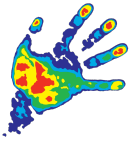
## Terms and Conditions

<b>CANCELLATIONS:</b> I agree to provide a minimum of 48 hours' notice should I need to cancel or reschedule an investigation. I understand that if I fail to provide adequate notice I may be bumped to the bottom of the investigation list and the help TOPS is able to offer may be delayed by weeks or months, or in extreme or repeated situations, revoked indefinitely.	initial
<b>PARTICIPANTS:</b> I understand paranormal investigations require a quiet atmosphere. As such, I will limit participants to no more than three people, including myself, and will do my best to make certain no guests show up during the investigation. I understand that each participant will be required to sign a release form to remain during the investigation.	initial
<b>CLEANLINESS:</b> I understand that dust, dirt, and clutter can contaminate evidence, make setup difficult, and create an unsafe environment for the investigators and participants walking around in the dark. I agree to make every effort to have the location as clean and tidy as possible prior to the arrival of the TOPS team for the investigation.	initial
<b>MINORS:</b> I understand there is an inherent risk in paranormal investigations, and as such, no one under the age of 18 is permitted to be in attendance during an investigation. I will make alternate arrangements for any residents under the age of 18 for the duration of the investigation.	initial
<b>PETS:</b> I understand pets, especially cats and dogs, may contaminate the evidence collected and make it difficult for TOPS to help with my case. I also understand that some TOPS investigators may have pet allergies. I will, to the best of my abilities, make arrangements to have any pets living in the residence at an alternate location for the duration of the investigation. If I am unable to do so, I will provide notice well in advance.	initial
<b>SUBSTANCES:</b> I understand that persons under the influence of alcohol, marijuana, or other recreational substances may pose a risk for investigators and/or contaminate the evidence collected. I agree to ask participants to refrain from such substances during the investigation. In addition, no participants will be permitted to smoke cigarettes INSIDE during the investigation.	initial
<b>WEAPONS:</b> I understand that weapons, decorative or otherwise, may pose a danger to the participants and investigators. I agree to securely lock up or remove any weapons stored on the premises for the duration of the investigation.	initial
<b>FALSIFYING EVIDENCE/CLAIMS:</b> I have been truthful about paranormal claims on my property and have given the most complete and accurate accounts to the best of my knowledge. I am not knowingly or willingly falsifying activities or participating in any activities to try to create situations that could simulate paranormal activity. To the best of my knowledge, there are no items on the premises for the sole purpose of falsifying, creating, or mimicking paranormal activity.	initial
<b>MEDIA:</b> I will not contact any media to witness, film, or otherwise document the investigation without written permission from TOPS.	initial
<b>SUSPENSION/TERMINATION:</b> I understand that failure to abide by these terms and conditions may result in the immediate suspension/termination of the investigation.	initial
<b>USE OF INFORMATION:</b> I understand that the services and results provided by TOPS are intended for informational purposes only and in no way shall be interpreted or construed to create any warranties of any kind, either express or implied.	initial



# THE ONTARIO PARANORMAL SOCIETY'S CLIENT INVESTIGATION AGREEMENT

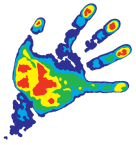
<b>Investigation Agreement - Part 1</b>		
Choose one option.	<b>REPRESENTATION:</b> This is a residential property and I confirm I have been given consent from each resident of this location over the age of 16 to sign this agreement on their behalf.	initial
	<b>REPRESENTATION:</b> This is a non-residential property and I confirm I am the legal decision-maker and am authorized to sign this agreement for all parties involved.	initial
	<b>PERMISSION:</b> I hereby grant permission for The Ontario Paranormal Society (TOPS), to perform a paranormal investigation on this property and to gather, review and analyze data collected during that investigation, including but not limited to witness statements, audio and video recordings, photographs, and/or other data.	initial
	<b>ACCESS:</b> I agree to provide TOPS representatives access to all necessary areas of this property in order to conduct a paranormal investigation, including the grounds and any buildings contained within property lines.	initial
	I understand I have the ability to deny access to any area of my property and will give TOPS prior notification of off limits areas.	initial
	<b>PROPERTY RIGHTS:</b> I understand and agree that any and all data collected before, during, or after the investigation, including but not limited to written documents, notes, audio and video recordings, photographs, and/or other data becomes the sole and exclusive property of TOPS.	initial
	I hereby authorize TOPS sole and exclusive rights to edit, alter, print, copy, sell, publish, exhibit, distribute, copyright, electronically transfer or use in any lawful way, any or all written documents, audio and video recordings, photographs, and/or other data, provided that the use of this data does not violate the confidentiality agreement(s). I hereby waive all rights to such property.	initial
	I waive any right to royalties or compensation arising or related to the use of any of the data collected during the investigation.	initial
	<b>CONFIDENTIALITY:</b> I understand TOPS will NEVER make any identifying and/or sensitive information, as defined below, publicly available without my prior knowledge and consent.	initial
	Identifying information includes any information that could potentially be used to identify a client or location, including but not limited to name, age, address, location, profession, and/or contact information.	
	Sensitive information includes any information that could be potentially harmful to the well-being of an individual involved in the investigation if that information were to be disclosed, including but not limited to mental health concerns, addictions and drug use, and/or personal beliefs.	
	<b>RELEASE OF INFORMATION:</b> I understand and agree that TOPS representatives may discuss the details with and gain advice from other TOPS representatives and their family and/or friends, other paranormal research teams, religious or spiritual figures, or other interested parties, provided identifying and/or sensitive information (defined above) is NOT disclosed.	initial
	<b>FEES:</b> I understand that TOPS is investigating my premises at no cost. As such, TOPS reserves the right to end an investigation at its discretion and will notify me of such a decision. While I am not obligated to pay for services, I understand that paranormal investigation is a costly activity and donations to TOPS are always welcome.	initial
	I also understand that donations or fees may be requested/required for additional services, including but not limited to, long-distance travel, reveal DVDS, cleansings, protections, and spirit removals.	initial



## THE ONTARIO PARANORMAL SOCIETY'S CLIENT INVESTIGATION AGREEMENT

<b>Investigation Agreement - Part 2</b>				
<b>ACTIVITY INCREASE:</b> I understand paranormal activity may increase after an investigation, and will not, in any way, hold TOPS responsible for this sort of occurrence.	initial			
<b>SPIRIT REMOVAL:</b> I understand TOPS may attempt to remove, or offer guidance on removing, entities/energies believed to exist in the location. I understand TOPS does not guarantee the results of such activities. I also understand I permit or engage in these activities at my own risk.	initial			
<b>RECOMMENDATIONS:</b> I understand TOPS may recommend a spiritual or religious figure in the event I am uncomfortable with the activity in my establishment or home. I understand and agree that using the services of anyone recommended by TOPS is strictly at my own risk, and I agree to not hold TOPS responsible, in any way, for the activities and services performed by an individual or organization recommended to me by TOPS.	initial			
<b>LIABILITY:</b> I hereby release, waive, and discharge TOPS and TOPS representatives from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or others located at the above location, or to any property belonging to me or others located at the above location, whether caused by the negligence of the representatives, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises.	initial			
<b>INJURIES:</b> I understand I will not be held responsible for any medical costs associated with an injury a TOPS member may sustain during investigation procedures. I acknowledge the dangers, both physical and emotional, associated with paranormal investigations are known to and understood by TOPS Team Members and they engage in such activity of their own free will.	initial			
<b>TERMINATION:</b> I understand and agree TOPS may terminate the investigation at any time at its sole discretion if any of the terms of this agreement are not followed. Additionally, I understand I may terminate the investigation at any point during the course of the investigation process without stating a cause. I also understand that if I terminate the agreement, TOPS may not provide copies of evidence or case notes and the relationship with TOPS will end.	initial			
<table border="0" style="margin: auto;"> <tr> <td style="padding: 0 10px;">Yes</td> <td style="padding: 0 10px;">No</td> <td style="padding: 0 10px;">I give TOPS consent to publicly release the exact location of this investigation on the TOPS website and social media.</td> </tr> </table>	Yes	No	I give TOPS consent to publicly release the exact location of this investigation on the TOPS website and social media.	initial
Yes	No	I give TOPS consent to publicly release the exact location of this investigation on the TOPS website and social media.		

<b>Signatures</b>	
<p>In signing this release, I acknowledge I have read the above Investigation Agreement, understand it, and sign it voluntarily. I am at least eighteen (18) years of age and fully competent. By signing this agreement, I will be forever prevented from suing or otherwise claiming against TOPS or its representatives for any reason whatsoever. I understand the investigation will not occur unless I sign this agreement. I understand this agreement is binding on me, my spouse, my heirs, my executors, administrators, personal representatives and assigns. Any legal action which may arise under the terms of this contract will be brought in the City of Brantford, in the Province of Ontario.</p>	
<b>Client Name:</b> <small>Please print</small>	
<b>Signature:</b>	<b>Date:</b> <small>MM/DD/YY</small>
<b>TOPS Rep. Name:</b> <small>Please print</small>	
<b>Signature:</b>	<b>Date:</b> <small>MM/DD/YY</small>

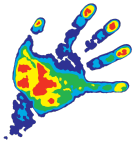


# THE ONTARIO PARANORMAL SOCIETY'S PARTICIPATION AGREEMENT

## Participation Agreement - Part 1

I (client name) \_\_\_\_\_, resident/employee at (business name) \_\_\_\_\_  
 located at (street address) \_\_\_\_\_, (city) \_\_\_\_\_,  
 (province) \_\_\_\_\_, (postal code) \_\_\_\_\_ consent to the following:

<b>FOOTAGE:</b> I realize that the nature of paranormal investigation means voices or likenesses of those in attendance may be recorded.		initial	
Choose one option.	I consent to be captured on film, audio and video. I understand that all TOPS members will have access to review all footage obtained during the investigation.	initial	
	I do NOT consent to be captured on film, audio and video and will stay at "Command Central" or leave the premises for the duration of the investigation.	initial	
<b>RELEASE OF INFORMATION:</b> I understand TOPS will use information and evidence collected during the investigation in various media platforms, including but not limited to, websites, blogs, social media applications, newsletters, advertising, and for educational purposes, provided that identifying, sensitive, or requested-to-be-confidential information (defined below) is not disclosed/released.		initial	
Identifying information includes any information that could potentially be used to identify a client or location, including but not limited to name, age, address, location, profession, and/or contact information.			
Sensitive information includes any information that could be potentially harmful to the well-being of an individual involved in the investigation if that information were to be disclosed, including but not limited to mental health concerns, addictions and drug use, and/or personal beliefs.			
Requested-to-be-confidential information includes the six statements below and anything a participant specifically requests be kept confidential in writing.			
By initialing the following statements, I am giving consent to the release of such information:			
Yes	No	I give TOPS consent to publicly release/publish my FIRST name. I understand my surname will NEVER be publicly released/published.	initial
Yes	No	I give TOPS consent to publicly release/publish audio clips containing my voice.	initial
Yes	No	I give TOPS consent to publicly release/publish photographs containing my likeness.	initial
Yes	No	I give TOPS consent to publicly release/publish video clips containing my likeness and/or voice.	initial
Yes	No	I give TOPS consent to publicly release/publish the exact location of this investigation (typically businesses/public locations only).	initial
Yes	No	I give TOPS consent to publicly release/publish photographs or videos showing the outside of my location, which I understand could be used to identify the location.	initial



## THE ONTARIO PARANORMAL SOCIETY'S PARTICIPATION AGREEMENT

### Participation Agreement - Part 2

<b>SUBSTANCES:</b> I understand that persons under the influence of alcohol, marijuana, or other recreational substances may pose a risk for investigators and/or contaminate the evidence collected. I agree to refrain from using such substances during the investigation.	initial
<b>FITNESS:</b> To the best of my knowledge, I can fully participate in this activity. I am fully aware of risks and hazards connected with paranormal investigations, and I hereby elect to voluntarily participate in said activity, and to enter the above-named premises and engage in such activity knowing that the activity may be hazardous to me and my property.	initial
<b>ASSUMPTION OF RISKS:</b> I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, whether caused by the negligence of TOPS representatives or otherwise.	initial
<b>INJURIES:</b> I understand and agree TOPS will not be responsible for any medical costs associated with any injury I may sustain.	initial
<b>DAMAGES:</b> I agree to indemnify and hold harmless TOPS representatives from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity, whether caused by negligence of representatives or otherwise.	initial

### Signatures

In signing this release, I acknowledge I have read the above Participation Agreement, understand it, and sign it voluntarily. I am at least eighteen (18) years of age and fully competent. By signing this agreement, I will be forever prevented from suing or otherwise claiming against TOPS or its representatives for any reason whatsoever. I understand the investigation will not occur unless I sign this agreement. I understand this agreement is binding on me, my spouse, my heirs, my executors, administrators, personal representatives and assigns. Any legal action which may arise under the terms of this contract will be brought in the City of Brantford, in the Province of Ontario.

**Client Name:** Please print

**Signature:**

**Date:** MM/DD/YY

**TOPS Rep. Name:** Please print

**Signature:**

**Date:** MM/DD/YY

### Specific Information Requested to be Kept Confidential

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