

CORPS

COLORADO RESEARCHERS
OF PARANORMAL SCIENCE

MEMBER LIABILITY RELEASE

I, _____, will be participating in various events as a member of CORPS. I recognize that instances of investigations of locations and property can be dangerous if not approached properly. I also recognize that certain investigations may be held on undeveloped land that often cannot be made safe. Further, I recognize that certain investigations may be physically strenuous and/or emotionally unsettling.

I assume the risk for any injuries that I may sustain while participating in the events as a member of CORPS.

In consideration for being allowed to join CORPS Paranormal Investigations, and participate in various events, including investigations, I release and forever discharge from CORPS, and all of its members, officers, and directors from any actions, suits, damages, claims or judgments that may result from any personal injury I may sustain while engaged in any and all events I participate in as a member of CORPS.

CORPS does not carry or subscribe to any form or type of health, accident, or bodily injury insurance. By signing below, I acknowledge CORPS does not have any form of insurance for its members and it is recommended that CORPS members obtain health insurance for their protection.

I have read, understand, and agree to be bound by the terms of this document. This Release of Liability shall be effective for the duration of my membership in CORPS.

In witness whereof, I have executed this release on _____ (date).

Signature of member

Signature of Witness/ CORPS Co-founder