

# VIRGINIA PARANORMAL INVESTIGATIONS



## INVESTIGATION REQUEST AND RELEASE FORM



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Do you own or rent this property?  Own  Rent *You must be the authorized owner or renter of property, or you must provide written authorization from the property owner or renter in order to be scheduled for an investigation. Minors living with parents must provide written authorization from a parent.*

Email: \_\_\_\_\_

Best Time to Contact You Via Phone or Text?  8am-12pm  12pm-7pm  7pm-10pm

Religious Preference: \_\_\_\_\_

Are you, or is anyone in your household or business in danger? *If yes, briefly describe the nature of the threatening activities* \_\_\_\_\_

Describe the activity in your home or business: \_\_\_\_\_

When does paranormal activity occur?  Midnight-6am  6am-Noon  Noon-6pm  
 6pm-Midnight

Please provide any other relevant information that you believe will help us to properly investigate your home or business: \_\_\_\_\_

### INTERVIEW RELEASE

I, \_\_\_\_\_ (client) agree to participate in a recorded interview. I have been offered no compensation for the interview. The information presented in the interview is factual to the best of my knowledge, and details presented are based on my experiences and/or experiences relayed to me by known sources. My answers are unscripted. I grant Virginia Paranormal Investigations (VAPI) permission to use video and audio recordings and photographs of me for inclusion in websites, lectures, social media, documentaries, and any other means deemed appropriate by VAPI. I understand that the interview may be edited to include information found to be significant by VAPI. Furthermore, I grant VAPI permission to present my report, if provided, in audio,

video, audio, and written formats for inclusion in any media deemed appropriate by VAPI.

I understand and agree that once permission is granted via this document, I will not attempt to retract permissions or take any legal action against VAPI or any of its members. Any changes to this agreement must be submitted in writing and signed by both VAPI and the client mentioned above.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## EVIDENCE RELEASE

Virginia Paranormal Investigations respects your right to privacy. All of your personal information will be kept confidential. We never release witness names or exact location of the homes or businesses to anyone without the expressed written or verbal permission of the owner/renter of the property.

Please check one of the options below:

\_\_\_\_\_ I grant Virginia Paranormal Investigations permission to use all of the information and evidence collected during the investigation, including video recordings, audio recordings, and photos for inclusion in lectures, research, websites, social media and/or other future considerations deemed appropriate by Virginia Paranormal Investigations.

\_\_\_\_\_ I DO NOT grant Virginia Paranormal Investigations permission to use information and evidence collected during the investigation, including video recordings, audio recordings, and photos for inclusion in lectures, research, websites, social media and/or other future considerations deemed appropriate by Virginia Paranormal Investigations. I understand that audio and video recordings will be taken, but will be used solely for research and evidence collection.

Please state any additional requests you may have concerning evidence use: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## RELEASE OF LIABILITY

I, \_\_\_\_\_, have the authority to allow Virginia Paranormal Investigations (VAPI) members and affiliated persons access to the property and buildings thereon listed above, for the purpose of conducting an investigation into possible paranormal activity and conducting field research. I understand that VAPI releases me, the owner/renter of the location, from any liability from injuries and/or damages incurred during the investigation. I release VAPI from any liability for injuries and damages, physical and emotional, that I may incur during and after the investigation that are direct or indirect results of the investigation.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_