

Dr. Rogers' House Ghost Hunt

Owner: Robert Lees

Office of Southern Ohio Apparition Researchers

307 Front St. New Richmond, Ohio 45157

513-293-6752

Waiver of Liability and License to Investigate



Guidelines for Dr. Rogers' House Paranormal Investigations

The Dr. Rogers' House Paranormal Investigation is an attempt to document the paranormal activity that seems to occur at Dr. Rogers' House located in New Richmond, Ohio. It offers the public a unique, first hand opportunity to experience and document possible paranormal occurrences in the home of the doctor that delivered Ulysses S. Grant.

Requirements

Southern Ohio Apparition Researchers will host and supervise each paranormal investigation. We require that all participants be 18 years of age or older. You will be required to show proof of identification, make a reservation, sign and date this license agreement/waiver of liability, agree to abide by rules of the investigation, and pay the full amount of the investigation fee upon arrival at Dr. Rogers' House on the night of your investigation. **CASH ONLY**. We are limiting the number of participants to each public investigation to 6.

The hours of investigation are from 9:00 PM to 3:00 AM. We will provide food and drink prior to the start of the investigation so please arrive no later than 8:00 PM.

Rules

At least one Southern Ohio Apparition Researchers member will act as a guide as well as chaperone. No running, horseplay, drugs or alcohol, nor weapons of any kind are permitted; no outside visitors; no use of cell phones during the hours of investigation unless there is an emergency; no radios; no pets except for licensed seeing eye dogs; no outside food is permitted. Everyone is permitted to bring a non-alcoholic drink as long as it has a tight seal such as a cap or lid.

Respect will be shown toward all of your fellow investigators. We reserve the right to remove from the premises anyone that a SOAR member/chaperone believes is being disrespectful of the other attendees or of the SOAR member/chaperone. If you are asked

to leave the premises, there will be no refund and you will never be permitted back in Dr. Rogers' House.

Investigative Essentials

All types of recording equipment are welcome. Be sure to bring extra batteries, extra film and tapes, and a flashlight. Wear comfortable shoes and clothing, but not noisy shoes (meaning, we prefer rubber soles) or noisy clothing (meaning, clothes that don't make noise while rubbing against itself). Depending upon the season, it is recommended that you bring a jacket. Everyone must observe any warning signs and areas that may be considered restricted or closed. ***Please note that all lights in the building will be turned off during the investigation.***

Conditions

As a condition of attendance, all participants in an investigation will assume the risk of injuries to their person: physically, emotionally, and/or psychologically. All participants will assume the risk of damage to any and all personal property out of his or her use of the premises, and does hereby release Dr. Rogers' House, owner Robert Lees, Southern Ohio Apparition Researchers' members, and all employees or agents of Dr. Rogers' House from any claim, demand, or liability arising out of any such injury or damage that may occur. Participants will be held liable for any damages done to Dr. Rogers' House by themselves through negligence or intent. If intentional harm is caused to another person, charges will be filed against any and all responsible to the fullest extent of the law.

Cost

Cost is **\$25.00** per person at the door the night of the investigation..

Reservations

To make a reservation, please call **513-293-6752**.

Food and drink will be provided by Southern Ohio Apparition Researchers from 8:00 PM until 9:00 PM only.

Your signature below constitutes agreement to this document and is considered a legal and binding contract.

PARANORMAL INVESTIGATION LICENSE AND WAIVER OF LIABILITY

Please print clearly the following:

(Please note: if we consider your handwriting illegible, you will be asked to fill out another form.)

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL ADDRESS (optional): _____

DATE OF BIRTH: _____

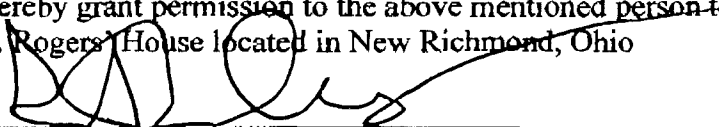
PERSON TO CONTACT IN CASE OF EMERGENCY:

Name: _____ Phone: _____

TODAY'S DATE: _____


YOUR SIGNATURE: _____

I hereby grant permission to the above mentioned person to one night of investigation at Dr. Rogers' House located in New Richmond, Ohio

 _____ 6/25/09

Robert Lees

Owner of Dr. Rogers' House

 _____ 6/25/09

Melinda Smith

Founder of Southern Ohio Apparition Researchers