 **Eternal Sleep Paranormal**

**PARTICIPANTS MEDICAL WAVIER**

As a member or guest of E.S.P. I hereby consent to receive medical treatment at my own cost, which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

**I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. IAM AWARE THAT IS A RELEASE OF LIABLITY AND A CONTRACT AND I SIGN OF MY OWN FREE WILL.**

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**Print Participant’s Name**

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

**Date**

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

**Participant’s Signature**