

WAIVER OF LIABILITY
[Old Yoakum Hospital](#)

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for receiving permission to participate in the Permission to enter and investigate the Old Yoakum Catholic Hospital, I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** the property Owners, VIPR , their officers, agents, or employees (hereinafter referred to as RELEASEES) 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 to any property belonging to me, while participating in such activity, while in, on or upon the premises where the activities are being conducted, REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law. Check this box to accept. ___

2. I am fully aware of the risks and hazards connected with the activities of gaining entrance to the Old Yoakum Catholic Hospital, and I am aware that such activities include the risk of injury and even death, and I hereby elect to **voluntarily participate** in said activities, knowing that the activities may be hazardous to my property and me. I understand that the RELEASEES do not require me to participate in this activity. **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 activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law. Check this box to accept. ___

3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage, or costs, including court costs and attorneys' fees that Releases may incur due to my participation in said activities, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law. It is my express intent that this Waiver and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of TEXAS and that any mediation, suit, or other proceeding must be filed or entered into only in TEXAS and the federal or state courts of TEXAS. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions. Check this box to accept. ___

I and all agents associated with me will abide by all rules established by the releasees.

A. attendees will not damage or remove any items on said property, even though items may be in a deteriorated state.

B. The old Yoakum Catholic Hospital is not open to the general public it is a private wholly owned scientific lab to further research the paranormal and may not be used in any other capacity unless specified by the releasees. I agree to abide by the above rules and adhere to any terms that were verbally expressed to me and my associates.

1. Each attendee will submit this form to VIPR which in turn will be submitted to the Owners. You agree to follow any and all rules established or you may lose your agreed upon deposit. [Follow this link](#) to see a copy of all current rules to be followed. Check this box to accept. ___

IN FILLING IN AND SUBMITTING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

Each individual that is to be granted entrance will submit a copy of this waiver fully completed and booking fee and returnable cleanup deposit fully paid before your designated investigation date.

I HEREBY CERTIFY THAT I HAVE READ AND AGREE TO ALL TERMS ABOVE. I FULLY UNDERSTAND THE RISKS AND I ACCEPT ALL RESPONSIBILITY FOR MY ACTIONS.

Name of Group _____

Date Requested for Investigation _____

Name _____

Address _____

City, State and Zip _____

Phone _____

Email _____

Date of Filling _____

Submit Form

Reset Form