

*Red River Heritage Association*

*Martin Walton House Museum*

*6354 Highway 25 East*

*Springfield, TN 37172*

**Paranormal Accident Waiver and Release of Liability**

TEAM NAME:

I understand that participation in any paranormal activity such as ghost hunting, including, but not limited to, simply walking around Martin Walton House and surrounding property, may be hazardous or dangerous to my health. Including but not limited to injuries resulting from the Walton House state of repair or any injuries or damages resulting from my presence. Martin Walton House will not be held responsible for demonic possession, ghosts following me home, assault by ghosts, abduction or assault from said entities, the Bell Witch and/or any activity associated with such.

I certify that I am physically fit, and that there are no health-related reasons or problems which preclude my participation in this activity.

Martin Walton House are not responsible for power outages.

I understand that this activity may include historic and hazardous staircases and historic buildings, and that I am adequate physical and mental condition to participate.

I will remain outside of restricted areas.

If any exhibit, item, gift shop item, or artifact at Martin Walton House is damaged or missing due to my investigation, I will be charged its full replacement value:

The museum beds are for display and display historically significant blankets and family heirlooms. They are NOT for sleeping or sitting.

At no time will I move or relocate any museum item.

I understand that I am not allowed to use the building only, none of the Walton House equipment, batteries, battery operated lights or candles are available for my use. I may use only the microwave and Keurig

No candles may be lit in the house at any time unless it is lit by Walton House staff.

No evidence may be shared to YouTube or TV without prior written consent of The Walton House owners or officers. No “Going Live” during your stay at the Martin Walton House.

[Redacted]

\*If consent is given MW House can initial here - MW Representative-

I will not charge to bring additional guests who are not members of my team, without prior written consent of Martin Walton House. [Redacted]

NO OUIJA BOARDS, SUMMONING, CLEANSING, OR RITUALS. DOING SO WILL RESULT IN YOU BEING REMOVED FROM THE PROPERTY WITH NO REFUNDS.

[Redacted]

There is absolutely **NO** ghost hunting or investigating in the Masonic Exhibit. [Redacted]

**All activities at the Martin Walton House, in every room except the bathroom, are recorded 24/7.**

**You must lock the doors upon leaving as the responsible party.**

In signing below, I assume risk of harm or injury which may occur to me during or as a result of participating in the activities at **The Walton House 6354 Highway 25 East, Springfield, TN 37172.**

I hereby release The Walton House, its owners and its officers, employees, and/or agents, the city of Springfield, and Robertson County, Tennessee from any liability, costs and damages resulting from participation. [Redacted]

In consideration of my application and permitting me to participate in activities, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) **I WAIVE, RELEASE, AND DISCHARGE** from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault, or actions of any kind which may hereafter occur to me while at The Walton House or resulting from my attendance at participating in paranormal activity at The Walton House.

(B) **I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE** the entities or persons mentioned in this paragraph from any and all liabilities or claims made

Place your initial here [Redacted]

as a result of participation in these activities, whether caused by the negligence of release or otherwise.

*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. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.**

\_\_\_\_\_  
*Participant's Name*

\_\_\_\_\_  
*Participant's Signature*

**Date:**        /        /       

**Phone Number:**        -        -       

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**Photo – Video Release**

I understand that while at The Walton House, physical location, events, or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by The Walton House, event sponsors, and/or organizers.

**YES**

**NO**

\_\_\_\_\_  
*Participant's Name*

\_\_\_\_\_  
*Participant's Signature*

Place your initial here