

South Dakota Paranormal Club and Tactical Researchers



SPCTR MEMBER APPLICATION

INCLUDING RULES, CONDITIONS OF MEMBERSHIP AND RELEASE OF LIABILITY

APPLICANT INFORMATION

Full name (first middle and last, also maiden name if applicable):		
Date of birth:	Phone:	Cell Phone (optional):
Current address:		
City:	State:	ZIP Code:
Email:		

EMERGENCY CONTACT INFORMATION

Name of relative/friend not residing with you:		
Relationship:		
Phone:	E-mail:	Cell Phone (optional):
City:	State:	ZIP Code:

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Full name (first middle and last, also maiden name if applicable):	
Date of birth:	Cell Phone (optional):

INFORMATION

Equipment you intend to use for research:
If you have any abilities or knowledge that might benefit the club, please list them below:
Do you consider yourself to have psychic ability? Yes No Maybe
If so, please describe what you commonly see or feel:

REFERENCES (2)

Name:	
Address	Phone
Name:	
Address	Phone



South Dakota Paranormal Club and Tactical Researchers



What influenced you to become a paranormal researcher?

Do you have any health problems that SPCTR should be aware of? If so list them below:

Please list any other clubs you are also part of:

Have you ever had any personal paranormal experiences? Yes No
If so, please give a brief description:

We are a non-profit group. What volunteer services can you offer as a group member?

How often will you be able to attend meetings, investigations and other group activities?

Any additional Information that SPCTR should know:

SIGNATURES

To the best of my knowledge all the preceding information is correct.

Printed name and Signature of applicant

Date:

Printed name and Signature of spouse (only if for a joint membership)

Date:



South Dakota Paranormal Club and Tactical Researchers
RELEASE OF LIABILITY, RULES AND CONDITIONS OF MEMBERSHIP



I, _____ have requested to join the South Dakota Paranormal Club and Tactical Researchers (SPCTR). I fully understand and accept all of the following terms and conditions of membership, and agree as follows:

RELEASE OF LIABILITY

- 1) I will not hold SPCTR or the SPCTR members, guests* (*see item #9) or private property owners liable for any physical or mental injury, or accident to myself while I am on or participating in any investigation, ghost hunt, meeting, or SPCTR activity.
- 2) My general health is good and I am not aware of any physical or mental impairment that would prevent my participation in SPCTR activities. I assume full responsibility for my own welfare and safety while participating in same.

RULES AND CONDITIONS OF MEMBERSHIP

- 3) I agree to respect confidentiality relative to other SPCTR members, private residences, property owners etc., of any locations visited or discussed by SPCTR. I will not give out information, including locations or details of investigations to anyone outside of the SPCTR without express permission of the SPCTR founders/officers, Terry Hofer and Eddie Sullivan.
- 4) I will show respect for any site visited during any SPCTR activity, including not littering, and understand that any destruction of property on a site in an act of vandalism will be grounds for loss of membership.
- 5) In the event that I conduct any investigations on my own, I agree to assume full responsibility for my actions and will not involve SPCTR in any manner.
- 6) I understand that seeking the truth is vital to the purpose of the SPCTR. I will not falsify ANY evidence, including photos, videos, information etc., of any investigation.
- 7) Any contact with any form of the media (i.e., interviews, giving information, pictures, etc.) on behalf of SPCTR is strictly prohibited unless permission is obtained from the SPCTR founders/officers, Terry Hofer and Eddie Sullivan. I further agree that any questions from the media, police or others that may arise on site during an actual investigation will be directed to the onsite Team Leader.
- 8) I accept that the onsite Team Leader is to make all decisions concerning the investigation. Failure to follow such directions and SPCTR policies will be grounds for termination of membership. **I understand that SPCTR and its team of investigators does not work with psychics, sensitives or mediums. The Team does not use Ouija boards or conduct séances.**
- 9) All investigations must be performed in a courteous and professional manner. Unless otherwise stated by the SPCTR founders/officers, all SPCTR organized activities (including investigations, ghost hunts, meetings and group activities) are intended for members of the SPCTR Team of investigators only.

RULES, CONDITIONS OF MEMBERSHIP AND RELEASE OF LIABILITY (continued on page 4)

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RULES, CONDITIONS OF MEMBERSHIP AND RELEASE OF LIABILITY (continued)

- 10) In order to participate in any SPCTR investigation or ghost hunt, a SPCTR investigator must also take part in the data review as assigned by the investigation Team Leader. All data review needs to be completed by a date set by the investigation Team Leader. Failure to participate in data review or complete the data review as assigned by the investigation Team Leader may disqualify the SPCTR member from future SPCTR activities.
- 11) I agree to respect the dignity and rights of other SPCTR members and officers even if I am not in agreement with their ideas or opinions. I will conduct myself at all times in a mature and adult manner. There will be no toleration of obscene, foul, or abusive language during any SPCTR activity.
- 12) I agree that I will not attend a SPCTR function while under the influence of alcohol, drugs or illegal substances. I understand there will be no use of, or have in my possession, any alcohol, drugs or illegal substances on any SPCTR investigation or ghost hunt. If I am taking any prescription medication I will make the team leader aware of this if it could in any way impact my effectiveness on the outing.
- 13) I accept full responsibility for the actions of any guests* (*see item #9) that I may bring to a SPCTR function.
- 14) There will be absolutely no tolerance of any firearms or weapons of any kind on any investigation or ghost hunt.
- 15) I understand that any evidence I may collect may be used on the SPCTR website, media, etc, and I will be given credit for any media SPCTR may use.

I have read the SPCTR membership rules, conditions of membership and release of liability and agree to all stated therein? See packet pages 3-4, items 1-15. (circle YES or NO and initial) YES NO _____

CRIMINAL RECORD/BACKGROUND CHECK CONSENT:

I understand that in order to be considered for membership and/or continue as a member of the SPCTR paranormal investigation Team **I can not have had a felony conviction.** I understand that a background check will be conducted by SPCTR team personnel to verify this information. **By signing this form I state that I have not had a felony conviction.**

PHOTO/IMAGE LIKENESS CONSENT:

I give SPCTR and its members permission to photograph or video record me during SPCTR events and activities. Those pictures/images/video of me may be displayed on the SPCTR website, on networking sites (i.e. Facebook, MySpace), in promotional material, as well as in SPCTR presentations. I understand that if I wish to have a picture of me removed from a SPCTR controlled site, material or presentation I will make that request to the SPCTR member or Webmaster and they will remove it. (circle YES or NO and initial) YES NO _____

SIGNATURES:

Printed name and Signature of applicant

Date:

Printed name and Signature of spouse (only if for a joint membership)

Date:

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