## **OREGON PARANORMAL**

## **Confidentiality Agreement**

It is understood and agreed to that the below identified discloser of confidential information may provide certain information that is and must be kept confidential. To ensure the protection of such information, and to preserve any confidentiality necessary for peace of mind, it is agreed that:

The Confidential Information to be disclosed can be described as and includes:

- 1. Any information that is designated as 'Confidential' information at the time of this disclosure to **Oregon Paranormal**.
- 2. The recipient agrees not to disclose the confidential information obtained from the discloser to the public or anyone else unless required to do so by law.
- 3. The investigation information and/or evidence may be publicly released at the discretion of **Oregon Paranormal** and with no restriction, provided that the identity of any witnesses, clients and/or location specifics are changed or omitted.
- 4. This agreement states the entire agreement between the parties concerning the disclosure of Confidential Information. Any addition or modification to this Agreement must be made in writing and signed by the parties.
- 5. The Recipient agrees not to disclose **Oregon Paranormal** procedures, discoveries, documentation, data (including video or audio, analog or digital), findings or conclusions without the express permission of **Oregon Paranormal** proper release forms have been signed by both parties.
- 6. If any of the provisions of this Agreement are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Agreement as a whole.

WHEREFORE, the parties acknowledge that they have read and understand this Agreement and voluntarily accept the duties and obligations set forth herein.

Recipient of Confidential Information:

Name (Print or Type):\_\_\_\_\_\_

Signature:\_\_\_\_\_\_ Date:\_\_\_\_\_

Discloser of Confidential Information:\_\_\_\_\_\_

Name (Print of Type):\_\_\_\_\_\_

Signature:\_\_\_\_\_\_ Date:\_\_\_\_\_\_