

**WEST GEORGIA DETECTIVE AGENCY, LLC
MISSING PERSONS POLICY STATEMENT
CONFIDENTIALITY AGREEMENT & INFORMATION WAIVER**

Please Read Carefully:

Agreement made this _____ day of _____, ____ between the West Georgia Detective Agency, LLC herein referred to as “WGDA” and _____, here in referred to as “Client”. The parties undersigned below hereby agree to the terms of this confidentiality agreement and information waiver.

Client Initial Each Section:

_____ Client acknowledges that this particular investigation agreed upon in the service agreement involves locating a missing adult. Client understands that it is WGDA’s internal policy that upon locating any missing adult, that the information obtained by WGDA remains the sole property of WGDA and will not be shared with the client to protect the missing persons privacy.

_____ Client acknowledges that the location or information related to the missing person will be only released at the discretion of WGDA or its agents.

_____ Client releases all rights to those personal identification items (such as social security numbers, whereabouts, and information) of the missing person.

_____ Client also acknowledges that specific information that may be obtained during the course of the investigation is protected by law and may not be released.

_____ Client may not be privileged to all information uncovered to protect the rights and privacy of the subject(s) being investigated or located.

_____ Client may not have access to the specific whereabouts of the subject being located and releases any liability or civil claim against WGDA.

Client: _____

WGDA Representative: _____