## Release of Liability

Release of Liability and Waiver of Claims

## **Health and Safety Assessment**

In addition to the energy audit we will do on your home, we will also do a limited health and safety assessment of the home. The health and safety assessment will consist of a visual inspection for potential health and safety problems. You will be notified of any health and safety problems that are identified, including mold. However, the evaluator is not a qualified mold professional. Mold may be present in areas not accessible or seen during the visual inspection or during the actual work on your home. Work on your home will be performed in a manner to prevent future mold growth. However, if there are existing conditions that are unseen or if, after the work is completed, situations within your home result in mold growth, we shall not be held responsible or liable.

## **Weatherization Activities**

Notice: During weatherization activities, particularly when insulation is being blown into wall cavities and attics, insulation dust, other types of dust, and other particles may become airborne. Additionally, unforeseen circumstances may result in some

insulation leaking throu space, we will be respi inevitable at the end of a	onsible for clean	-up (repair	ing damage and clean	ing up the living	area). Minor co	nstruction dust is
Recommendation: Does	anyone in the ho	me have ar	ny of the following cond	litions:		
Allergies Asthma Emphysema	Asthma		Pregnancy Other Respirator Decreased Immu		Yes Yes Yes	No No No
It is recommended that house. Furthermore, it is being blown. Persons w time specified in the ma	s also recommen tho leave the ho	ded that inf use during	ants less than 12 mont	ths old should be o	out of the house	when insulation is
Release and Waive set out above. Additional agency and its agents he response to the weather activities, including mon	ally, I agree on be narmless from an erization activities	ehalf of mys ly claims, m s. This waiv	self and any minor child nedical problems or per er is for all damages,	ren or others for v sonal injuries that direct or indirect,	vhom I am respo t may occur, dev that may relate	nsible, to hold the relop or worsen in
I am aware the weamy home and that chosen to go forw damages.	such airborn	e particle	es can aggravate	health condition	ons in some	people. I have
I have carefully rearelease of liability a				erstand its cor	ntents. I am a	aware this is a
Client Name:				File Number:		
Address, City, Zip:				Phone:		
Client Signature:				Date:		
Agency Name:				Phone:		
Representative Signa	ature:			Date:		