

Service Liability Waiver

Date: _____

Client Name: _____

Address: _____

City, State, Zip: _____

Service Provider Information

Service Provider: _____

Address: _____

Phone: _____

Scope of Services

Services to be provided: _____

Waiver and Release of Liability

I, the undersigned, understand that the services provided by [Service Provider] may involve certain risks, including but not limited to property damage, personal injury, or other unforeseen events. I voluntarily assume all risks associated with these services.

I hereby release and hold harmless [Service Provider], its employees, agents, and representatives from any and all claims, liabilities, damages, or causes of action arising from or related to the services provided.

Consent

By signing below, I confirm that I have read and understand this Service Liability Waiver, and I agree to its terms.

Client Signature: _____

Date: _____

Contact Information

If you have any questions regarding this waiver, please contact:

[Service Provider Contact Information]