## **Mold Waiver & Release of Liability**



Date

Job Number	Customer Name	Address
present at my propert Inc. (hereafter referred responsibility to reme and it is the profession	y and is not a result of any action or ina d to as the COMPANY/CONTRACTOR) and diate said mold. I understand that testinal opinion of the Company to do a full-	I growth/activity or "mold" has been detected and is action from the contractor, Upfront Restoration and Roofing and fully release the Contractor from any liability and any results have determined the mold on my property is toxic-scale remediation to eliminate any potential health risks. It for health issues that arise from mold exposure or partial
performed. This will e components that are e clean up altogether ar present in areas affect of growth that may or	ntail simply cleaning affected materials easily accessible, and visibly affected. I nd understand the potential risk this po eed and unaffected after the clean-up p	elect to have a "limited" clean up or remediation to remove obvious growths. This will be limited to have elected to remove specific areas from scope of limited ses. I also understand and agree that there still may be mole rocess including but not limited to settled spores and areas process. I also understand that this clean-up is not a naffected.
Signature	-	

Homeowner or Representative