

RELEASE OF LIABILITY

Dear Resident:

The owner and/or management company for your apartment complex has contracted with *Alliance Refinishing*. Because of the process that will be used in your apartment, it will be necessary for you to sign a release of liability before we can do the work that has been requested. Please review and sign this release form and return it to the manager of your apartment complex no later than 24 hours before we are scheduled to come out and do the work requested.

THINGS WHICH YOU MUST DO BEFORE THE WORK CAN BE DONE

1. I have removed all objects from the area in which employees of _____ will be working, including all appliances, pots and pans from the counter tops, stove and all toiletries from the bathtub, sinks, and surrounding areas. Please do not put items in sinks, stoves, tops of refrigerators, on floors, etc. We must have all items at least 4 feet from any area being sprayed. The kitchen must be completely cleared.
2. I have moved all furniture, chairs, and lamps as far from the area in which employees of *Alliance Refinishing* will be working as I can.
3. I will not be in the unit, nor will any of my children or pets, while work is being performed in the unit by employees of *Alliance Refinishing*.
4. I have disconnected and covered all aquariums and reptile or bird cages and removed my pets from them.
5. I have removed all sensitive electronic equipment from my unit or have moved it into a room which will not be worked in.

By signing this release below, I certify that I have done items one through five (1 - 5) as set forth above.

6. Due to the nature of the work we do, and the products we use, there will be an odor and some dust ranging from minimal to moderate depending on what we are scheduled to do. We go to extra lengths to keep the dust to a minimum, however, it is impossible to eliminate it totally. To remove any dust that settled, dry dust, using a dry, soft cloth. **DO NOT** use Pledge or any other dusting products.
7. If you have any mild respiratory problems or heart disease stay out of the unit for at least six (6) hours after the work has been completed. If you have acute respiratory problems / heart disease stay out of the unit for at least twenty-four (24) hours after the work has been completed.
8. Forty-eight (48) hours cure time is needed for all work performed. Please **DO NOT** put anything on, run water in, or use any counter appliance, bathtub, or sink that has been resurfaced. **DO NOT** use the dishwasher if the kitchen counter top has been resurfaced.
9. If you are scheduled for resurfacing and have to cancel, please give us twenty-four (24) hour notification. If we do not receive proper notice of cancellation, you will be charged a \$35.00 service fee.
10. Use only mild cleaners and non-abrasive pads to clean any area that has been resurfaced.

I, _____ have read and understand the list of things to do, the warnings, and information above and therefore, release *Alliance Refinishing* and _____ Management Company from any liability and/or damages by my failure to do the things listed in items 1 - 5 or my failure to adhere to the warnings and information as set forth in items 1 - 10.

Name of Property: _____

Unit #: _____ Home Phone _____ Work Phone _____

Date work is to be performed: _____

Signature: _____ Date _____