

CLIENT CONSENT FORM

RELEASE OF LIABILITY AND WAIVER OF CLAIMS

NOTICE: The health and safety of the building, the occupants, or the weatherization staff shall not be compromised by any retrofit material, technique or practice. To ensure health and safety, relevant assessments will be conducted as part of all building analysis. Some weatherization activities may create dust or other airborne particles, including but not limited to: insulation, mold, or lead. All measures installed in the building will alleviate and/or not promote the growth of new airborne particles.

FOR AND IN CONSIDERATION of the State of Indiana, the Indiana Housing and Community Development Authority and _____, hereafter referred to as Community Action Agency (CAA), its agents and employees assisting in the provision of weatherization services to our dwelling, I/WE DO HEREBY RELEASE the State of Indiana, the Indiana Housing and Community Development Authority, and the CAA its agents or employees from any and all liability for losses, damages, costs, personal injury, death, or other claims because of, or in relation to the installation, location, or malfunction of measures performed.

I understand that by participating in the Indiana Weatherization Assistance Program (WAP) measures performed become my personal property and it is my responsibility to maintain and repair installed measures to keep the building systems in working condition.

Please initial where applicable:

_____ I have received a copy of the EPA pamphlet, "Renovate Right, Important Lead Hazard Information for Families, Child Care Providers and Schools", informing me of the potential risk of lead hazard exposure from WAP activities to be performed on my dwelling. I confirm that I have received the lead pamphlet before weatherization work began on my home.

_____ I have received a copy of the EPA pamphlet, "Mold, Moisture, and Your Home", informing me of the potential risks of mold and high moisture levels in my home. I have also received a copy of the moisture assessment form that was completed on my home.

_____ I understand that smoke and/or carbon monoxide detectors installed in my home are my personal property and must be maintained in order to continue good working conditions. An operational test was performed and the unit(s) were working properly when installed.

My signature below denotes that I fully understand the above waiver and its release of liability. I have chosen to go forward with the weatherization process, accepting any and all risks of injury or damages.

Printed Name

Signature

Date