

Web: <u>www.idealcleaningservicesllc.com</u>

Health Liability Waiver Form

In doing business with Ideal Cleaning Services LLC I recognize that the service may require use of heavy duty cleaning products including bleach and other various commercial heavy duty cleaning supplies. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit ICS from using their own cleaning products.

In consideration of hiring Ideal Cleaning Services LLC to Service my unit, I hereby release Ideal Cleaning Services LLC and its agents from any claims, demands, and causes of action as a result of service.

I fully understand the term of this agreement and I, hereby release Ideal Cleaning Services LLC and its agents from any medical liability now or in the future for conditions that I may obtain during cleaning. These conditions may include, but are not limited to, respiratory issues, skin conditions, or any other illnesses that I may incur during service, including death.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS. AFTER ENTERING MY FIRST AND LAST NAME

Service Address:	
Customer Print Name:	
Customer Signature:	Date: