SLA INDUSTRIES RELEASE

(STANDARD FORMAT FOR ALL DEPARTMENTS)

ACTIONS TO BE UNDERTAKEN
(NO MORE THAN 100 WORDS)

I, THE UNDERSIGNED, HEREBY UNDERSTAND AND AGREE THAT ANY ACTIONS I UNDERTAKE ARE OF MY OWN FREE WILL AND THAT THE AGENTS AND EXECUTIVES OF SLA INDUSTRIES CAN IN NO WAY BE HELD RESPONSIBLE FOR ANY DAMAGE TO PROPERTY AND/OR LOSS OF LIFE, INCLUDING MY OWN, DUE TO MY EXECUTION OF THE ABOVE MENTIONED ACTIONS.

NAME / SQUAD _____ signature _____

START DATE _____
FINISH DATE _____

WITNESS _____ signature _____
WITNESS _____ signature _____

THIS FORM IS COMPLETE WHEN SIGNED BY OPP /SQUAD