

Healthy PC LLC

CUSTOMER LIABILITY WAIVER

Full Name (Print): _____ Computer Make/Model: _____

Address: _____ Serial Number: _____

Phone Number: _____ Email Address: _____

PROBLEM DESCRIPTION (Please be as detailed as possible):

1	
2	
3	

WINDOWS VERSION: ☐ 11 (Eleven) ☐ 10 (Ten) ☐ 8 (Eight) ☐ 7 (Seven)

HAS A BACKUP OF DATA BEEN PERFORMED?

☐ Yes ☐ No Initial: _____

DO YOU GRANT PERMISSION TO REIMAGE PC IF NEEDED?

☐ Yes ☐ No Initial: _____

ITEMS INCLUDED:

☐ Desktop ☐ Laptop ☐ Monitor ☐ Power Adapter ☐ Keyboard/Mouse ☐ System Restore Discs
☐ Printer ☐ Cables ☐ Other: _____

RELEASE AND INDEMNITY AGREEMENT:

I authorize **Healthy PC LLC**, to perform service work on my computer. I understand that **Healthy PC LLC's** technicians are trained to perform computer software and hardware service work, and know that **Healthy PC LLC** and its technicians are not authorized service providers. I agree to release, indemnify and hold harmless **Healthy PC LLC** from liability for any claims for damages of any kind that may arise from services performed on my computer. I understand that **Healthy PC LLC** is working in good faith, not responsible for any data loss, hardware damage, or operating system corruption that may occur as a result of services performed on my computer. I also acknowledge payment is due upon work completion by cash or card and the technician will utilize the Square payment system for all card transactions.

Client Signature: _____

Date: _____

COMPLETION SIGNOFF:

Tech Signature: _____

Date Completed: _____

Client Signature: _____

Return Date: _____