

**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?** **DO YOU GRANT PERMISSION TO REIMAGE PC IF NEEDED?**

[ ] Yes [ ] No **Initial**: \_\_\_\_\_\_\_\_\_ [ ] 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_