Title: Liability Clause for Customers Opting Out of Insurance Coverage

In the event that a customer (hereinafter referred to as "the Customer") utilizing the rented space chooses not to obtain insurance coverage, the Customer shall assume full responsibility for all damages to property and personal injury incurred during the rental period.

1. **Waiver of Insurance Coverage:** The Customer acknowledges that they have chosen not to obtain insurance coverage for the rented premises and accept full responsibility for any damages or losses incurred during the tenancy.
2. **Property Damage:** The Customer acknowledges that they are solely responsible for any damage caused to the rented premises, including but not limited to structural damage, fixtures, furnishings, and equipment.
3. **Personal Injury:** In the event of any personal injury sustained by individuals present at the rented premises during the tenancy, the Customer accepts full liability for medical expenses, rehabilitation costs, and any other related expenses.
4. **Legal Obligations:** The Customer agrees to indemnify and hold harmless the property owner (hereinafter referred to as "the Landlord") against any claims, lawsuits, or legal actions arising from damages or injuries for which the Customer is deemed liable.
5. **Notification Requirement:** The Customer must promptly inform the Landlord in writing of any incidents or accidents that occur on the rented premises.
6. **Enforceability:** This liability clause shall be binding upon the Customer, their agents, representatives, successors, and assigns, and shall remain in full force and effect for the duration of the tenancy.
7. **Severability:** If any provision of this liability clause is deemed invalid or unenforceable, the remaining provisions shall continue to be valid and enforceable to the fullest extent permitted by law.

By signing this agreement, the Customer acknowledges that they have read, understood, and voluntarily chosen to waive insurance coverage and assume full responsibility for damages and injuries as outlined herein.

Printed Name of Customer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Customer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

439 MOKAUEA ST LLC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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