



Eau Claire County Hoarding Task Force

Waiver and Release Form

READ CAREFULLY – THIS AFFECTS YOUR LEGAL RIGHTS

Clients Name: _____ **Email Address:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number(s): _____

This agreement releases The Eau Claire County Hoarding Task Force and their volunteers from all liability relating to property damage that may occur. By signing this agreement, I agree to hold the above named organization free from any liability, including financial responsibility for property damage. If at any time I am uncomfortable with the work that is being done in my home, it is my sole responsibility to bring it to the attention of the volunteer in charge.

Release of Liability

By signing below I forfeit all right to bring a suit against The Eau Claire County Hoarding Task Force and their volunteers. In return, I will receive services to help organize my home.

Signed: _____ **Dated:** _____