



Red Carpet Cleaning
P.O. Box 892
Colleyville, TX 76034-0892

Release of Liability Form Notification

Property Name and Address _____
Unit Number _____
Scheduled For _____
Job Description _____

Red Carpet Cleaning has been contracted to perform resurfacing work in your apartments. Due to the use of chemicals and paints needed to perform the job, we must ask you to sign a release of liability. After you have read and understand the following steps required of you, please sign and return to your property manager.

1. Please make arrangements for any and all persons to be out of the unit on day of job minimum of 24 hours.
2. Please make arrangements for any and all pets to be out of the unit on day of job minimum of 24 hours.
3. Remove any and all objects in the room in which the work is being performed, this includes, but not limited to: furniture, pictures, phones, computers, stereos, money, plants, clothes, pots, pans, food, etc...{EVERYTHING}
4. Cover any and all items in any rooms adjacent to room in which work is being performed.
5. Red Carpet will not be responsible for any damages, mold, mildew or any related to such work.
6. The resurfacing process will create lightweight dust, even with the precautions that we, as well you take, it will be impossible to completely eliminate the presence of dust.
7. As different people have different levels of sensitivities to certain chemicals and their odors, we must ask that YOU make the appropriate decision regarding the time at which you feel comfortable to re-enter or re-occupy your apartment.
8. Please allow at least 24 hours for tubs, and 48 hours for countertops or cabinets to dry before using or placing items on them.
9. Do not use bleach or any harsh detergents or applicators to clean surfaces.

I HAVE FULLY READ AND FULLY UNDERSTAND ALL REQUIREMENTS, RESPONSIBILITIES, AND WARNINGS AS STATED ABOVE.

I HEREBY RELEASE **RED CARPET CLEANING** AND THE **MANAGEMENT COMPANY** AND/OR ITS OWNERS, FROM ANY AND ALL LIABILITIES RESULTING FROM MY FAILURE TO DO ANY OF THE ABOVE STATED REQUIREMENTS.

RESIDENT SIGNATURE _____ MANAGER SIGNATURE _____
PRINT NAME _____ PRINT NAME _____

*WORK CANNOT BE PERFORMED WITHOUT THIS RELEASE
MANAGER: PLEASE FAX TO 817-685-7795 OR EMAIL TO INFO@RCCDFW.COM
THANK YOU!