



**ServiceMaster of Muskoka and Parry Sound**

*Division of T & W Cleaning Services Ltd.*

35 E. P. Lee Drive, Bracebridge, Ontario, P1L 1W5

Office: (705) 645 8555 – (800) 361 8814 Fax: (705) 645 2691

Email: [admin@servicemasterofmuskoka.com](mailto:admin@servicemasterofmuskoka.com) Web: [www.servicemasterofmuskoka.com](http://www.servicemasterofmuskoka.com)

**WAIVER FORM**

Name of Customer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Job Number: \_\_\_\_\_

**DECLARATION**

I hereby authorize that ServiceMaster® of Muskoka and Parry Sound will not be held liable for damages as a result of not fully following standard protocol as directed by \_\_\_\_\_ on the date of \_\_\_\_\_, as listed below.

**DIRECTIVES**

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\_\_\_\_\_

Customer \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_