



Liability Waiver

This agreement is between _____
(print your first and last name)

and TheLab.ms, 1915 Central Expy #370, Plano, TX 75075

Initial By signing this agreement, I acknowledge that TheLab.ms is a dangerous place and I agree to HOLD HARMLESS TheLab.ms, its members, its officers, and its directors.

Initial I also understand that I am personally responsible for my safety and actions and that I will follow all safety instructions and signage while at TheLab.ms.

Initial I WAIVE ANY AND ALL RIGHTS OF RECOVERY, CLAIM, ACTION OR CAUSE OF ACTION AGAINST THELAB.MS FOR ANY INJURY OR DAMAGE THAT MAY OCCUR, REGARDLESS OF CAUSE OR ORIGIN, INCLUDING NEGLIGENCE AND GROSS NEGLIGENCE.

Initial I affirm that I am at least 18 years of age and mentally competent to sign this liability waiver.

**SIGN
HERE**

SIGNATURE

PRINTED NAME

DATE

INTERNAL USE ONLY

Badge: _____