

Acknowledgment of Safety Data Sheet and Waiver of Liability
Sodium Hypochlorite Solution

Recipient Name

Address

TDL # _____

I hereby acknowledge receipt of the Safety Data Sheet and written instruction page in connection with the above named product. I understand that the safety data sheet contains valuable information about specific chemicals substances and how to safely handle them. I understand this is for personal use only and is not intended for resale. I agree to use the product in accordance with the applicable safety data sheet.

I ASSUME ALL RISK AND LIABILITY FOR THE USE, HANDLING, STORAGE, AND TRANSPORTATION OF THE PRODUCT AND AGREE TO RELEASE, INDEMNIFY AND HOLD FORT BEND COUNTY AND DE NORA TECHNOLOGIES TEXAS LLC HARMLESS FROM ALL LIABILITY, INCLUDING LIABILITY FOR THEIR OWN NEGLIGENCE INCLUDING CLAIMS BY MYSELF AND ANY THIRD PARTIES ARISING OUT OF OR RELATED TO, DIRECTLY OR INDIRECTLY, THE USE, STORAGE OR HANDLING OF THE PRODUCT AND REGARDLESS OF WHETHER THE PRODUCT IS USED IN COMBINATION WITH OTHER ARTICLES OR SUBSTANCES.

Any dispute arising from this transaction will be governed by the laws of the State of Texas and venue shall be vested in the state courts of Fort Bend County, Texas.

Signature: _____
Recipient

Date: _____