**Waiver of Mold Testing and Release**

Date:

Client name:

Subject property address:

My signature below acknowledges that I have read and understand the following:

The InterNACHI Inspector has advised me that the subject property may be subject to contamination by mold. Molds produce tiny spores to reproduce. Mold spores waft through the indoor and outdoor air continually. When mold spores land on a damp spot indoors, they may begin growing and digesting whatever they are growing on in order to survive. There are molds that can grow on wood, paper, carpet, and foods. When moisture or water accumulates indoors, mold growth will often occur, particularly if the moisture problem remains undiscovered or un- addressed.

I have been advised of the potential health effects and symptoms associated with mold exposures including allergic reactions, asthma, and other respiratory complaints. There is no way to determine if there is mold and if it is a health concern without testing.

Nevertheless, I have directed the Inspector to perform ***NO*** *Mold Testing*, and in doing so I agree to hold the Inspector, its agents, and employees harmless and free from all liability and legal action relating to any presence of Mold at the subject property, regardless of the legal theory upon which any such claim rests.

This waiver and release shall be binding on all my heirs, agents, assignees, successors, and on any other person(s) who might otherwise be entitled to file suit or make a claim on my behalf.

Client Signature

Date