SLA INDUSTRIES

STANDARD FORMAT FOR ALL DEPARTMENTS

RELEASE

ACTIONS TO BE UNDERTAKEN

(NO MORE THAN 100 WORDS)

I, THE UNDERSIGNED, HEREBY UNDERSTAND AND AGREE THAT ANY ACTIONS I UNDERTAKE ARE OF MY OWN FREE WILL AND AND THAT THE AGENTS AND EXECUTIVES OF SLA INDUSTRIES CAN IN NO WAY BE HELD RESPONISBLE FOR ANY DAMAGE TO PROPERTY AND/OR LOSS OF LIFE, INCLUDING MY OWN, DUE TO MY EXECUTION OF THE ABOVE MENTIONED ACTIONS.

NAME/SQUAD _____ SIGNATURE _____

START DATE _____

FINISH DATE _____

WITNESS _____ SIGNATURE _____

WITNESS _____ SIGNATURE _____

THIS FORM IS COMPLETE WHEN SIGNED BY OP/SQUAD

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