Liability Release Form (Canada/USA)

(Rick Ammazzini – That Safecracker Guy)

Date:_____

Parties:

- **Provider**: Rick Ammazzini
- **Recipient**: _____
- **Location of Services:** _____ (Specify State/Province/Territory)

Description of Services:
The Provider agrees to perform the following services (the "Services") for the Recipient as a non-professional, hobbyist or volunteer: **attempting to open or service safes using non-invasive methods.** The Provider is not trained in or capable of drilling safes and will not engage in any activities that physically alter or damage the safe, such as drilling, cutting, or other destructive methods. The Services are provided voluntarily and at no charge to the Recipient. The Recipient acknowledges that no payment is required or expected for the Services.

Terms and Conditions:

1. No Charge for Services:
The Recipient acknowledges that the Services are provided in a non-professional capacity, free of charge, with no payment demanded by the Provider for the Services rendered.

2. Reimbursement for Expenses:
The Provider may incur minor expenses related to the Services (e.g., travel or materials). Reimbursement for such expenses is welcome but not mandatory and will not be demanded by the Provider. The Recipient may choose to reimburse these expenses at their discretion, but the Services remain free of charge regardless of reimbursement.

3. Hobbyist/Volunteer Capacity:
The Recipient understands that the Provider is not a licensed professional and is performing the Services as a non-professional, hobbyist or volunteer. The Provider will only undertake tasks related to safes that they are 100% confident in performing and reserves the right to decline any work they deem outside their skill set or comfort level, including any activities that risk physically altering or damaging the safe.

4. Liability Release:
The Recipient agrees that the Provider shall not be held liable for any damages, losses, or injuries, whether intentional or unintentional, arising from or related to the Services provided, including but not limited to damage to the safe, its contents, or any surrounding property. While damage is highly unlikely due to the non-invasive nature of the Services, the Recipient assumes all risks associated with the Services and releases the Provider from any and all claims, demands, or causes of action, such as property damage, personal injury, or financial loss, to the fullest extent permitted by law.

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5. Filming of Work:
The Provider prefers to film or record the performance of the Services for personal documentation or other non-commercial purposes. The Recipient consents to filming unless they explicitly opt out, without needing to provide a reason and without affecting other terms of this agreement.

Exclusions: _____

_____

6. No Warranties:
The Recipient acknowledges that the Services are provided "as is," with no warranties, expressed or implied, regarding the quality, outcome, or suitability of the Services, including the successful opening or servicing of the safe.

7. Indemnification:
The Recipient agrees to indemnify and hold harmless the Provider from any claims, liabilities, damages, or expenses (including legal fees) arising from the Services, except for willful misconduct by the Provider.

8. Governing Law:
This Agreement is governed by the laws of the state, province, or territory where the Services are performed, as specified in the 'Location of Services' field above, and the applicable federal laws of Canada or the United States. Any disputes arising from this Agreement shall be resolved in the courts of the specified state, province, or territory.

Acknowledgment:
By signing below, the Recipient confirms that they are the safe's legal owner or their authorized agent, have read and understood this Liability Release Form, and agree to be bound by its terms. The Recipient further confirms that they enter this agreement voluntarily and have had the opportunity to seek independent legal advice before signing. Both the Provider and Recipient will receive and retain a signed copy of this form for their records.

Recipient Name: _____

ID #:_____

Date:_____

Recipient Signature: _____

Provider Name: Rick Ammazzini_____

Date:_____

Provider Signature: _____