

**HOLD HARMLESS/INFORMED CONSENT AGREEMENT**

**for**

**Treatment of Bed Bugs**

**TROY UNIVERSITY**

I, \_\_\_\_\_, acknowledge that loss or property damage can result from treatment of bed bugs at Troy University. I further realize that authorization to treat for bed bugs may involve risks and dangers, both known and unknown, and have elected to allow the room/building I occupy to be treated for bed bugs. Therefore, I voluntarily accept and assume all risk of damage to property arising out of the bed bug treatment process. I acknowledge that I have received a copy of the handout, called Treatment Process for Bed Bugs, and understand the process that is used.

I understand that items are subject to damage, caused by contact with water, and should be removed from the space before the treatment process begins; this is the responsibility of the room occupant and not the responsibility of the staff performing the bed bug treatment.

I further release Troy University, its Board of Trustees, Faculty, Staff and Agents from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to me or loss or property that I may suffer resulting from the treatment of my room/building, or in association, with the treatment of bed bugs. I also assume all responsibility for all costs of personal property damage resulting from the treatment of bed bugs.

I have read the above Hold Harmless/Informed Consent Agreement, understand its meaning and sign it voluntarily.

Signature of room or building occupant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Building Resident Assistant or Administrator \_\_\_\_\_

Date \_\_\_\_\_