

Liability Release and Authorization for Services Statement

The undersigned hereby gives permission to Richard Heath & Associates, Inc. (RHA) evaluation and installation staff to perform services and work in connection with the Water Coordination Program. The undersigned gives permission to RHA to share collected water data and customer information with California American Water, and for the following activities to occur at the property located at the address listed below:

- Conduct an indoor assessment at no charge to the undersigned to evaluate interior water use, inspect existing water equipment and fixtures, and test each toilet in the residence for retrofit eligibility;
- Provide water conservation education and California American Water informational materials;
- If applicable, with permission from the property owner, hire and coordinate with a contractor to install at no charge a maximum of three (3) ultra-high efficiency toilets at the residence; and
- If applicable, contact customer to verify completion of work.

The undersigned agrees to not make a claim, sue, or maintain any legal action against California American Water and its officials, officers, employees, or agents arising from or in connection with the Water Coordination Program.

In addition, the undersigned agrees to release and hold harmless, California American Water and Richard Health & Associates, Inc. and their respective officials, officers, employees, and agents from any and all liability or claims for damage resulting from or alleged to result from the inspection of the premises, any and all work performed or services provided in connection with this Water Coordination Program, and any occurrence or omission arising from, or in any way related to, administration or implementation of this Water Coordination Program.

The undersigned represents that (he/she) is authorized to execute this Release.

1. Property Address:

Street Address	City	State
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2. Authorization for Home Evaluation:

(PRINT) Property Owner or Tenant Name	Signature	Date
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3. Authorization for Toilet Replacement:

Property Owner/ Authorized Agent Name (please print)	Signature	Date
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Evaluator Name	Signature	Date
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