

Liability Waiver agreement with WMI LOGISTICS INC
WMI LOGISTICS INC的责任豁免协议

located at / 地址 : 1365S PARKSIDE,PL., ONTARIO, CA 91761

ACKNOWLEDGMENT OF RISKS, ASSUMPTION OF RISKS, AND RELEASE AGREEMENT WITH WMI LOGISTICS INC.
我司明确知晓与WMI LOGISTICS INC达成风险确认, 风险承担, 并签署此协议。

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING.
签署前仔细阅读本完整文件。

I acknowledge and agree as follows:
我司承认并同意如下:

WMI is to change the packaging of my goods, change the product label, and change the label of the outer box of the package according to my instructions.

WMI 将根据我司的指示更改我的商品包装, 更改产品标签并更改包装外箱的标签。

Access to the product by WMI or its labor agents is an act done on my behalf. WMI is not responsible for this and I confirm that I take all risks and responsibilities.

WMI或其劳工代理是代表我司接触产品, WMI对此不承担任何责任, 我确认我承担一切风险和责任。

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. I acknowledge that it shall be effective and binding upon me, my company and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

我已阅读本协议, 充分理解其条款, 了解我已通过签署放弃了实质性权利, 并已自由签署, 没有任何诱因或任何性质的保证, 并打算将其完全无条件地免除对本协议的所有责任。在法律允许的最大范围内。我承认该协议将对对我本公司有效并具有约束力, 并同意, 如果本协议的任何部分被视为无效, 则余额仍将继续具有全部效力。

Printed Name:

公司/代表姓名

Date:

日期

Phone:

电话

Address:

地址

City:

城市

State:

省/州名

Zip:

邮编

Signature:

签名

E-mail Address:

邮箱地址