



H-SCADA ASSESSMENT & REPORT
RELEASE & AGREEMENT

I, _____
PRINTED FIRST AND LAST NAME OF CLIENT

1. Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Melinda Kidder d/b/a Columbia Investigations LLC from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s). _____
INITIAL
2. I understand that my report will be completed and sent to me electronically within two weeks of the date of my appointment (unless notified otherwise and documented here) and that I will have thirty days from the report date to request edits for grammatical and factual errors. _____
INITIAL
3. I agree that I will not post or store my report online (on the internet or cloud) in any format whatsoever or allow others to do so on my behalf. _____
INITIAL
4. I agree that I have visited https://columbiainvestigations.com/H-SCADA_Scans.html , have read the page in its entirety and understand the contents. _____
INITIAL
5. I understand that if I violate number three (3), I agree to pay Melinda Kidder d/b/a Columbia Investigations LLC \$25,000 per violation. _____
INITIAL
6. Payment is to be made in full either prior to or at the onset of your appointment and payment rendered for services, reports, agreed upon travel expenses, and/or your legal case work is non-refundable. _____
INITIAL
7. I agree that I will not use my H-SCADA Assessment Report in any Pro Se/Pro Per lawsuit and I will only use the H-SCADA Assessment Report in a lawsuit or lawsuits filed and argued by appropriate legal counsel. I agree to pay Melinda Kidder d/b/a Columbia Investigations LLC \$25,000 per lawsuit filed in violation of this section of the agreement. _____
INITIAL

By signing below, I acknowledge that I have read and agree to the above statements and terms.

CLIENT SIGNATURE

_____/_____
DATE OF SIGNING / DATE OF BIRTH

CLIENT HOUSE NUMBER & STREET

CLIENT PHONE

CLIENT CITY/STATE/ZIP

CLIENT EMAIL