

176 Rustic Drive  
Circleville, Ohio

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**TTY/TDD Customers:**  
Contact Ohio Relay Services  
@711 or 1-800-750-0750



## T.V. WALL MOUNT INSTALLATION

Resident Name(s): \_\_\_\_\_

Rented Premises: \_\_\_\_\_

In consideration of Landlord permitting Resident to install a T.V. wall mount at my residences, I agree to the following:

**SECTION 1-WAIVER:** I acknowledge that installing and uninstalling a T.V. wall mount can be dangerous and can risk: (i) damage to the appliance/T.V.; (ii) damage to walls, paint, mounting brackets, and other parts of Landlord's property. DESPITE THESE RISKS, I VOLUNTARILY CHOOSE TO INSTALL AND UNINSTALL A T.V. WALL MOUNT IN MY RENTED PREMISES AND ASSUME ANY AND ALL RISKS ASSOCIATED WITH THE INSTALLATION, UNINSTALLATION, AND USE OF IT. I, for myself, my heirs, successors, executors and subrogates, hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY AND HOLD HARMLESS LANDLORD, its directors, officers, agents, employees and volunteers from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorneys' fees) which are related to, arise out of, or are in any way connected with installing, using, or removing the T.V. wall mount, including, but not limited to, NEGLIGENCE of any kind or nature, whether foreseen or unforeseen, regardless of its cause, including if caused by Tenant, its agents, guests, occupants, employees, directors, officers or volunteers or from some other cause. I, for myself, my heirs, my successors, executors and subrogates, further agree not to sue Landlord as a result of any injury caused by the uninstallation, use, and/or installation of the T.V. wall mount. I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT.

**SECTION 2-CONDITION AND LIABILITY:** Resident further agrees and acknowledges that he or she is responsible for all damages caused by installing, using, and uninstalling a T.V. wall mount in the rented premises whether caused by Resident(s), occupants, and/or guests.

### Resident or Residents (sign and print below):

Resident: \_\_\_\_\_ Date \_\_\_\_\_

Resident: \_\_\_\_\_ Date \_\_\_\_\_

Resident: \_\_\_\_\_ Date \_\_\_\_\_

### Duly Authorized Agent of Landlord (sign and print below)

Name: \_\_\_\_\_ Date \_\_\_\_\_

#### USDA Non-Discrimination Statement

This institution is an equal opportunity provider.

#### HUD Notification of Non-Discrimination on the Basis of Disability Status

Pickaway Metropolitan Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988):  
Tammy McGlone, Pickaway Metropolitan Housing Authority, 176 Rustic Drive, Circleville OH 43113, Phone: 740-477-2514, Email: [tmcglone@pickawaymha.com](mailto:tmcglone@pickawaymha.com)