APPENDIX J

Certificate of Worker Release for Asbestos Abatement Work

Project Name: _____________________________________________________________ Start Date: __________

Project Address: ______________________________________________________________________________________

Project Abatement Contractor: ______________________________________________________________

In consideration of my employment by the above Contractor in connection with the removal of asbestos, disposal of asbestos or other work in asbestos-containing work areas of properties owned or maintained by Western Kentucky University (WKU). The undersigned does hereby acknowledge, warrant, represent, covenant, and agree to abide by the WKU Asbestos Operations and Maintenance Program and as follows:

☑ I acknowledge and understand that I have been or will be employed in connection with the removal and disposal of asbestos or other work in asbestos-contaminated areas. I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos-containing materials and breathing asbestos-contaminated dust, including but not limited to the fact that asbestos can cause asbestosis and is a known carcinogen and can cause various types of cancer.

☑ I acknowledge and understand that any contact with asbestos, whether it can be seen or not, may cause asbestosis and various forms of cancer that may not show up for many years. I covenant and agree faithfully to take all precautions required of me.

☑ I knowingly assume all risks of potential exposure to asbestos. I hereby covenant not to sue, and release and forever discharge WKU, their Building Manager, Architect, Consultant, Testing Company; all their directors, officers, employees, nominees, personal representatives, affiliates, successors, and assigns for, from and against all liability whatsoever, at common law or otherwise, except any rights the undersigned may have under the provisions of the applicable workmen's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or may have claim to have which are in any way, directly or indirectly, related to exposure to asbestos or asbestos-containing materials.

☑ I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages otherwise, because of the disease asbestosis or lung cancer.

☑ I represent that I can read the English language, or that I have had someone read this instrument to me, and I understand the meaning of all the provisions contained herein.

⚠️ Warning!

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER, DISEASE, AND ASBESTOSIS. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

~ I UNDERSTAND AND AGREE WITH THIS CERTIFICATE OF WORKER RELEASE ~

Typed or Printed Name: ______________________________________________________________

Signature: ______________________________________________________________ Date: __________

Commonwealth of Kentucky DAQ Accreditation Number: _______________________________

Revised 9/2/2010