**Waiver of Liability**

**and**

**Covenant Not to Use**

I fully understand that I have agreed to provide services, as an independent contractor, for Dolbi USA LLC.

As an independent contractor, I understand that I am responsible for all related income/self-employment taxes for fees received from Dolbi USA LLC for services provided. In addition, I acknowledge that I am solely responsible for any medical or other costs arising out of any bodily injury or property damages sustained while providing services as an independent contractor. I certify that I have adequate insurance coverage, including health and accident, for any injuries I may sustain while providing said services.

I further covenant and agree that I will not sue Dolbi USA LLC, its successors, assigns and licenses, its agents or employees for any claim for damages, for bodily injury or other, arising while performing services for Dolbi USA LLC as an independent contractor.

I certify that I am suffering under no legal disabilities and that I have read the above carefully before signing.

This is on [Insert Current day Date]

Dolbi USA LLC

145 W Ostend St

Baltimore, MD 21230

[Name]
[Contact Number]