



---

## Security Audit Waiver

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
(last name, first name) (Please print)

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ (Optional)

IP Address(es) to be audited: \_\_\_\_\_

---

---

Please initial each of the following boxes indicating your acceptance of the statements:

- I am the authorized administrator of the hardware to be audited at the specified IP addresses.
- I understand that an audit of any one IP address may take anywhere from 20 minutes to 5 hours to run, and will consume typically 32-48Kbit of bandwidth.
- I have been informed that the audits may impact the up-time of the network and hardware being audited. I have been given the option to have the audits run at hours that are convenient to me, allowing me to limit the impact of any outages that may occur.
- To the maximum extent permissible by law, I shall not hold the auditor or his suppliers liable for any damages whatsoever (including without limitation, damages for loss of business profits, business interruption, loss of business information or any other pecuniary loss) arising out of the use or inability to use the auditor's service or reports, even if the auditor or his suppliers have been notified of the possibility of such damages.

\_\_\_\_\_  
Authorized Name (Print)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Authorized Signature

---

To be filled in by Auditor

---

Name of account to be used: \_\_\_\_\_

Expected time frame of audit: From \_\_\_\_\_ to \_\_\_\_\_