

Dyno Tuning Waiver & Vehicle Information

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Customer's Name:	Address:
Email:	Phone #:
VEHICLE INFORMATION:	
Make & Model:	Year:
Has your vehicle been on a dynamometer before?	Vehicle Mileage:
Yes 🔍 No 🔍	
List modifications made to the power train (include air filters, exhaust modifications, sprockets, etc.):	

Tuning Tech FS Dynamometer Waiver Form

I hereby authorize and release the dynamometer tests and/or service work to be done along with the necessary materials, parts and labor and hereby grant Tuning Tech FS, LLC and its employees permission to operate the vehicle or combustion engine herein described in the document below on the dynamometer, for the purpose of testing. I hereby acknowledge and voluntary release and forever discharge, Tuning Tech FS, LLC, its employees, directors and officers from any and every claim, demand, action or right of action of whatever kind of nature, either in law or equity, arising from or by reason of any bodily or personal injury, death or property damage, known or unknown, resulting to or resulting from the owners/operators of DynoCom dynamometer test equipment. This release also includes, but is not limited to, any claim against Tuning Tech FS for first aid, medical treatment or services rendered during participation in the test of this vehicle.

Testing and tuning on the Dyno will push your vehicle to its mechanical limits. It is your responsibility to ensure that your car is in good working order and capable of handling the stresses incurred when your car's limits are reached. Tuning Tech FS, LLC and its employees, directors and officers are in no way responsible for ANY damage to your vehicle incurred before, during or after your vehicle is operated on the DynoCom Dyno.

I hereby acknowledge that I am aware of the potential risks involved with Dyno testing / tuning and that I waive any and all claims against Tuning Tech FS, LLC, its employees, directors and officers for ANY damage to my vehicle as a result thereof.

Signature of Releaser:	Date:
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Signature of Witness:	Date:
Signature of Witness:	Date: