



Data Restoration and Removal Authorization and Waiver

PayClock Online Database ID .. : _____

Company Name : _____

Reason for Request (select one) : Purge All Data
 Restore Backup from: _____(date)

Upon signing this document, I am freely admitting that I have the legal right to authorize Lathem Time Corporation to restore prior data and/or permanently delete data from my PayClock Online time and attendance system. **I also agree and understand that Lathem Time Corporation will delete all prior backups of my data after 24 hours**, and original backed up data cannot be recovered following deletion. And I unconditionally release, waive and discharge my right, whether by contract or under operation of law to file cause of action(s) or clam(s) which I may have against Lathem Time Corporation now or in the future.

I hereby assume any and all risk of loss, liability, damage or costs, and understand that any and all damages that may occur will be the result of my decision to restore and/or delete data from my account, and not as a result of any negligence on the part of Lathem Time Corporation.

I fully understand the terms set forth in this form, and I hereby waive my rights freely and voluntarily without any inducement, assurance, or guarantee being made to me to the fullest extent allowed by law.

(PayClock Administrator Signature)

(PayClock Administrator Print Name)

(Date)