

Release and Authorization

Statement of Risk:

During the course of the investigation and assessment, there may be several procedural points that the client must be aware of including:

- The Investigator may employ the same methods and tools of known computer aided pranksters, vandals, criminals, terrorists and foreign agents during the course and conduct of Penetration Testing and related services.
- These methods may in some cases include impersonation of authorized personnel through "social engineering" for information gathering via telephone, e-mail, or other electronic means that are limited to the client's immediate personnel and network.
- These methods, when used without authorization and permission of the organization they are being employed against, may constitute a violation of state and possibly federal criminal codes.
- Although no damages or disruptions to the client's activities or systems are anticipated as a result of this exercise, there is a very small but real possibility that such damages and disruptions could occur. The client shall hold M5 Computer Security, its employees, and the Investigator faultless and not legally, morally, or monetarily liable for any such damages or disruptions.
- If the exercise appears to be causing a real or suspected disruption to the client's activities, operations, or production systems, the Investigator will immediately halt the exercise.

Due to the sensitive nature of this scope of work, it is imperative that the client must understand the associated risks.

Affirmation of Understanding:

I understand the aforementioned Statement of Risk and authorize the investigator to use these and similar methods to accomplish the goals of this project set forth. I understand that the Investigator has agreed not to divulge any information regarding the details of the investigation or evidence collected to any third party not covered by an applicable Non-Disclosure Agreement other than those persons who have been specified in the Scope of Disclosure without the explicit written authorization of the designated primary contact and authorizing agent or chief officer of the client's organization.

I also understand that the investigator has agreed to provide full and complete disclosure of all information gathered, including copies of data and evidences, and reports created by the investigator, and will keep the organization informed of all activities, operations, and proceedings of the investigation. I agree to provide open avenues for communication and timely response to calls during the investigation.

I understand that the investigator normally reserves the right to keep copies of reports generated for administrative, archival, and training purposes. I understand that this information is only used in-house for training and reference and will not be divulged to any third party. I understand that if I wish for the investigator to not maintain copies of actual reports and/or evidences gathered during the investigation, it must be specified in the Scope of Disclosure section of the Rules of Engagement document.

As an authorized agent for the client I, _____ (name of authorized representative for the client) do hereby grant the investigator permission to perform research, make recommendations, and follow the course of action requested by the scope of services listed here.

X

(Signature of authorized representative for the Client, Title/Position and date)