



Candidate Waiver:

I, _____, understand that my participation in the offered testing is voluntary. I am freely and voluntarily choosing to participate, being fully aware of the potential risk related to transmission of the COVID-19 virus. I have had all of my questions addressed and am waiving any claim I might have, now or in the future, related to any injury or illness I could potentially sustain due to participation in the offered testing.

Print Name: _____

Signature: _____

Date: _____