



Test/Lab Work Waiver

I, _____, understand that my participation in the offered lab assignment is voluntary and that I would be given an opportunity to perform the assignment at a later date if I chose.

I am freely and voluntarily choosing to participate in the offered lab assignment, being fully aware of the potential risk related to transmission of the COVID-19 virus.

I have had all 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 lab assignment.

Furthermore, I am giving my express permission to be medically examined prior to commencing the lab assignment.

Signature: _____

Date: _____