

# Exam Participation Waiver



Department of Health Care  
Access and Information

**Subject: Liability Release**

As part of my participation in the Department of Health Care Access and Information (HCAI) Hospital Inspector of Record (IOR) examination, I acknowledge and agree to the following:

- I am aware of the existence of the risk, to my health, due to my physical appearance at the venue. I am aware that my participation in the examination may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 that may lead to serious health complications or even death.
- I have not experienced symptoms related to COVID-19 or any communicable disease such as fever, fatigue, difficulty in breathing or dry cough within the last 14 days.
- I, nor any member(s) of my household have traveled by sea or by air, internationally within the past 30 days.
- I, nor any member of my household have visited any area within the United States that was reported to be highly affected by COVID-19, in the last 30 days.
- I, nor any member(s) of my household have been diagnosed to be infected with the COVID-19 virus within the last 30 days.

**Following the declarations above, I hereby affirm the following:**

- I am fully and personally responsible for my own safety and actions while and during my participation in the HCAI IOR exam and I recognize that I may be at risk of contracting COVID-19.
- With full knowledge of the risks involved, I hereby release, waive, discharge HCAI, its officers, employees and representatives from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.
- I agree to indemnify, defend, and hold harmless the Organization from and against all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

By signing below, I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; that I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

Print Name \_\_\_\_\_

Cert No. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Note: This Liability Release Waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.