

# Consent and Release of Liability

Examinee Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Type Test: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Test: \_\_\_\_\_ How Paid: \_\_\_\_\_

Examiner: Danny Seiler Case#: \_\_\_\_\_ Report Sent: \_\_\_\_\_

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1. \_\_\_\_\_ I am fully aware and freely consenting to take a polygraph given Danny Seiler. I understand that the polygraph examination to be administered shall consist of three parts, pre-test, data collection, and post-test interview, if needed. I acknowledge and give my permission to have my test recorded by Danny Seiler. All recordings and all data collected during this polygraph are the sole property of Danny Seiler. I also permit my test video to be viewed by others for quality control and training purposes. The video recording **will not** be released to any other third party for any reason unless approved by Dan Seiler in writing.

2. \_\_\_\_\_ I fully understand that I can stop my test anytime, but I must strictly follow all test instructions to obtain reliable results. In the sole opinion of Danny Seiler, any anomalies in the exam data considered countermeasures will result in an inconclusive test opinion. There are no refunds after the polygraph examination begins.

3. \_\_\_\_\_ I am taking this test without promises or prior agreement about the outcome or test result. I know polygraph testing has an error rate, but I am willing to take this test, knowing the error risks.

4. \_\_\_\_\_ I agree to release and discharge Danny Seiler wholly from all claims and damages arising out of or attributed directly or indirectly to this polygraph examination. Danny Seiler shall not be liable to me or my agents, employees, heirs, personal representatives, assigns, or any other person(s) claiming any injury to me. I indemnify and hold Danny Seiler harmless from all suits, actions, damages, liability, and expenses arising from any occurrence connected directly or indirectly with my polygraph examinations. If Danny Seiler becomes a party to any action commenced by or against me, I shall protect and hold him harmless and pay all costs, expenses, and reasonable attorney's fees to defend against any legal action.

5. \_\_\_\_\_ I designate \_\_\_\_\_ as my representative to receive all information, including professional opinions, gathered from my polygraph examination.

6. \_\_\_\_\_ I understand that payment for this test is \$ \_\_\_\_\_, plus tax if applicable. The amount paid before testing is only for the examination and, if requested, a written report. Additional fees will incur for any other actions or requests of Danny Seiler.

7. \_\_\_\_\_ I agree to all of the above, and with the full knowledge and understanding thereof, I willingly and voluntarily agree to take the polygraph examination. I understand that I am not legally required to consent to take this examination. I acknowledge that no one has promised me anything to induce my participation in this testing. No one has coerced, threatened, or used coercion to get my involvement in this polygraph test.

Signature of Examinee: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner: Danny Seiler \_\_\_\_\_ Date: \_\_\_\_\_