

Location _____
Date _____

I, _____, of my own free will, without promise of immunity, threats or coercion, agree to take a polygraph (lie detector) test to be given to me by an employee and/or agent of (polygraph company) for the mutual benefit of myself and _____.

I do hereby agree that the results of said test and such conclusions that may be drawn therefrom by (polygraph company), its officers, agents and employees may be disclosed to _____, its officers, agents, and employees, and to any other authorized persons, both orally and in writing, for whatever uses they may determine.

I understand that the results of such a test and the conclusions drawn therefrom by (polygraph company), its officers, agents, and employees may prove unfavorable to me. I also acknowledge the possibility that the examiner may be unable to render a decision based on this exam. I do, none-the-less, hold (polygraph company), its officers, agents, and employees free and harmless from any claim I might otherwise have against them for any damages to me or any liabilities resulting from the taking of the test and disclosure of its results and the conclusions drawn therefrom.

On behalf of myself and my heirs, I hereby release, waive and forever discharge each of the above-named corporations, firms, their respective officers, agents and employees, from any and all action or cause of action, claim, demand or liability, which I have now or may have resulting directly or indirectly from my taking said examination and the oral and written opinions rendered because of said exam.

Witnessed

Signature of person examined

This examination was concluded at _____ on the above date. Having submitted myself freely to this examination, I hereby reaffirm my agreement as expressed above. No unreviewed or surprise test questions were asked of me during any of the examinations. There were no threats or harm done to me or any promises made to me during the entire time I have been here, either in connection with the examination or the signing of this form.

Witnessed

Signature of person examined