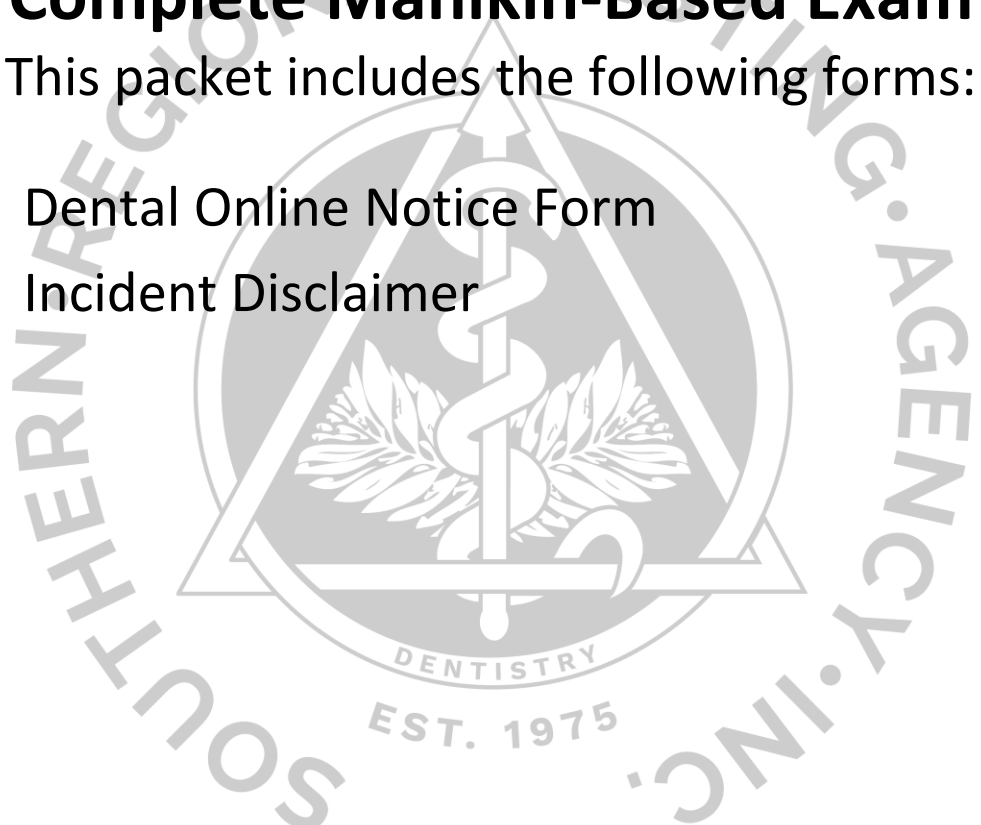


# 2022

## Dental Candidate Packet for Complete Manikin-Based Exam

This packet includes the following forms:

- Dental Online Notice Form
- Incident Disclaimer



# SRTA | Online Notice Form Orientation

You will be required to sign this notice and turn it in the day of the examination. The online presentation provides details on the procedures and protocols of the examination. For your benefit, we strongly suggest you review this presentation prior to the examination day.

By signing below, I confirm that I reviewed and understand the online orientation presentation prior to the scheduled registration and examination.

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*Print Name*

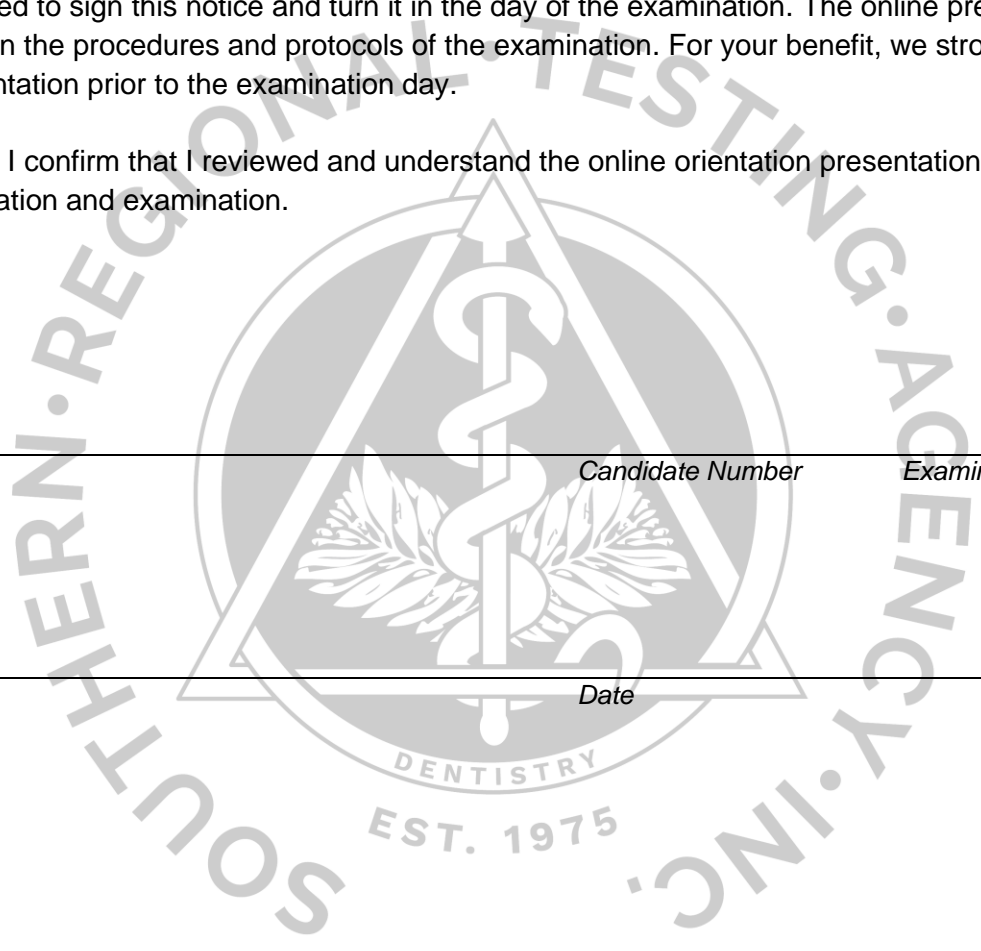
*Candidate Number*

*Examination Site*

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*Signature*

*Date*



# SRTA | Incident Disclaimer

**DISCLOSURE STATEMENT AND EXPRESS ASSUMPTION OF RISK FOR ANY DAMAGE FROM (1) EXPOSURE TO BLOODBORNE INFECTIOUS AGENTS SUCH AS HIV, HBV, AND OTHER MICROORGANISMS IN THE BLOOD, (2) EXPOSURE TO ORAL OR RESPIRATORY SECRETIONS, (3) OTHER INJURIES.**

Candidate Sequential: \_\_\_\_\_

**PLACE ID LABEL HERE**

Test Site: \_\_\_\_\_

The relationship between the Southern Regional Testing Agency (SRTA), the school where the examination is administered ("the school") and you (the candidate) is not an employer/employee relationship. Neither SRTA nor the examination site is responsible for your behavior. As a candidate, you do not qualify as an employee and are not covered under OSHA regulations. You must assume responsibility for any exposure or other incident which may occur.

SRTA and the school cannot, and therefore, do not assume any responsibility or liability for the health status of candidates. If an exposure or other injury occurs during the course of this examination, neither SRTA nor the school assumes any duty or responsibility to you to provide serologic testing, counseling, follow-up care or any other health service. It is your responsibility to assure that you see a licensed health care professional and initiate appropriate management and follow-up care.

## **LIMITATION OF LIABILITY AND INDEMNITY AGREEMENT**

I, the undersigned, state that I have read and understood the above disclosure statement and express assumption of risk. I agree that SRTA and the school are not responsible for the prevention or management of any of the incidents listed above. I agree to release and discharge SRTA for any liability or personal injury which may occur to me, unless actively committed by SRTA. I agree to release and discharge the school for any liability or injury that may occur to me unless actively committed by school personnel. I further understand that SRTA and the school have no responsibility or duty to provide medical evaluation treatment, counseling, follow-up care, or any type of compensation for any of the incidents listed above. I also agree to indemnify and hold SRTA and the school harmless for any occurrence under this agreement, including SRTA's and the school's attorneys' fees, costs and expenses, should a claim be made against them.

\_\_\_\_\_  
**Candidate:** Printed Name & Candidate Sequential Number

\_\_\_\_\_  
**Candidate:** Signature

\_\_\_\_\_  
**Candidate:** Date Signed