

PARENTAL CONSENT TO POLYGRAPH EXAMINATION



I, the parent/legal guardian of _____ do hereby declare that I voluntarily agree to allow said child to take a polygraph (lie detector) examination to be given by Central Polygraph Service Limited.

I do hereby waive in my behalf and in behalf of my said child, all rights and do voluntarily agree that said polygraph examination should be given and the results and opinions transmitted to _____ for whatever uses they may determine.
NAME OF INDIVIDUAL(S), COMPANY OR AGENCY REQUESTING POLYGRAPH EXAMINATION AND AUTHORIZED TO RECEIVE WRITTEN REPORT AND RESULTS

I consent to the audio and video recording of myself and my child during the entire pre-test, interview, examination, and post test phase of the polygraph examination process. I understand that the audio and video recordings, along with the polygraph examination charts remain the property of Central Polygraph Service Limited.

In consideration of and as an inducement for Central Polygraph Service Limited to give my child the polygraph examination, I hereby release Central Polygraph Service Limited, its officers, agents and employees, from any and all liability whatsoever as a result of said child taking the examination and the transmitting and utilization of the results and opinions thereof. Understanding that the child must still take the exam voluntarily, I also authorize my child to sign an additional agreement/consent form at the time of taking the examination indicating the child's willingness to participate in the examination procedure. I certify that the above said child is in good physical and mental health. I understand that I and or my child have the right to refuse to answer any questions and or stop the examination process at any time.

I do hereby specifically waive any and all rights of privacy that I have or may have with reference to the above named child taking the examination and the making known the results and the Examiner's opinion arising therefrom. I do hereby authorize CPS, its officers, employees and any other Examiners to release the recordings of the exam and to disclose both orally and in writing the results and opinions of the Examiner to any and all interested persons or parties.

I understand and realize that the examination results, written report and or opinions of the Examiner may prove very unfavorable to me and or the above named child. In consideration of, and as an inducement for CPS and any of its Examiners, officers and or employees, I do hereby RELEASE, WAIVE, DISCHARGE, AGREE TO A COVENANT NOT TO SUE and COVENANT FOREVER to hold the aforesaid free from all harm, liability or damage to me as a consequence of the polygraph examination, release of the recordings, release of the results, release of the written report and or Examiner's opinion, CPS, together with its Examiners, officers and or employees and _____ who may use the results, recordings and Examiner's opinions.
NAME OF INDIVIDUAL(S), COMPANY OR AGENCY REQUESTING POLYGRAPH EXAMINATION AND AUTHORIZED TO RECEIVE WRITTEN REPORT AND RESULTS

I do hereby RELEASE, WAIVE and FOREVER DISCHARGE CPS and any of its Examiners, officers and or employees and all and each of the above named individuals, firms and corporations from any and all suits, actions, causes of action at law, claims, demands, liability of any kind or description which I have now or may have resulting directly or indirectly or remotely from having the above named child take the polygraph examination, operation of all recording devices, releasing of the recordings, the oral and written opinions rendered, releasing of the written report and all future actions taken by any of the named parties because of the polygraph examination. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS CPS and any of its Examiners, officers and or employees and all and each of the above named individuals, firms and corporations from any loss, liability, lawsuits, damages or costs, including court costs and attorney's fees, that they may incur due to the polygraph examination, release of the recordings, release of the results, release of the written report and or Examiner's opinion and WHETHER CAUSED BY NEGLIGENCE OF CPS and any of its Examiners, officers and or employees or any and of the above named individuals, firms and corporations.

I have carefully read, fully understand and agree to all of the foregoing and I sign this document freely and voluntarily.

Print Name of Legal Guardian or Parent

Signature of Legal Guardian or Parent

Date

Time