

INSTRUCTIONS: Initial all that apply.

Dental Candidate Initials:

_____ **Class II**
_____ **Class III**
_____ **Perio**

Hygiene Candidate Initials:

_____ **Hygiene**

Exhibit C

**PATIENT PARTICIPANT RELEASE OF
LIABILITY- READ BEFORE SIGNING**

In consideration for being allowed to participate in this Clinical Licensure Examination administered by the Central Regional Testing Agency ("EXAMINATION") on The Dental College of Georgia's premises; The University System of Georgia on behalf of Augusta University, for the benefit of The Dental College of Georgia ("UNIVERSITY") requires all patient participants to sign this agreement. I, the undersigned, acknowledge, appreciate, and agree as follows:

1. There is a risk of injury from the patient care involved in the EXAMINATIONS, including the potential for injury; and while particular rules, policies, and equipment, may reduce this risk, the risk of injury does exist; and,
2. I knowingly and freely assume full responsibility for all such risks, of injury, that I may sustain as a result of my participation in the EXAMINATION; and,
3. I willingly agree to comply with the stated terms and conditions for participation. If however I observe any unusual significant hazard during my participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and forever discharge, Indemnify, and hold harmless, the UNIVERSITY, its trustees, officers, agents, employees and employees from any liability with respect to any and all injury, disability, death, or loss of damage to person or property, any and all losses, illnesses, injuries, damages, costs or expenses, of every kind or nature, incurred or suffered by me arising out of, resulting from or in any way connected with (i) my presence on the UNIVERSITY's premises or use of any UNIVERSITY equipment or facility, (ii) my involvement in the EXAMINATION, or (iii) the administration of the EXAMINATION, whether arising from the negligence of the UNIVERSITY or otherwise, to the fullest extent permitted by law.
5. I agree that if any portion of this Release of Liability is held to be invalid or unenforceable by a court of competent jurisdiction, then the remaining portion shall continue in full force and effect to the maximum extent permitted by law.
6. Governing Law and Jurisdiction. The laws of the state of Georgia shall govern the validity, construction and enforceability of this Release. All suits, actions, claims and causes of action relating to the construction, validity, performance and enforcement of this Agreement shall be in the courts of the State of Georgia.

I AM OVER EIGHTEEN (18) YEARS OF AGE, HAVE READ THIS RELEASE OF LIABILITY CAREFULLY, AND FULLY UNDERSTAND ITS CONTENTS. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARY WITHOUT ANY INDUCEMENT. I INTEND THIS DOCUMENT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY OF THE UNIVERSITY.

Candidate's Signature

Patient's/Guardian's Signature

Print Candidate's Name

Print Patient's/Guardian's Name

Date

Date