

**Receipt of COVID-19 Test and Assumption of Risk**

**NCLL Sample**

I understand that as part of its ongoing effort to maintain a safe environment for ministry participants, employees, contractors, and others with whom these persons come in contact, the Ministry is offering self-administered COVID-19 tests. By signing this agreement, I indicate my voluntary acceptance of one of these tests and understand and agree with the following as it pertains to this test:

1. This test involves a rapid nasal swab which must then be tested within thirty minutes or less for the presence of antibodies that may indicate the presence of COVID-19.
2. While this test has been allowed for use by the Food and Drug Administration (“FDA”), it has not been approved by the FDA.
3. This test alone may be inconclusive and may not be sufficient to detect or rule out the possibility that I have been exposed to or am infected with COVID-19.
4. I will carefully monitor my symptoms and, notwithstanding the results of any testing, understand that I must stay home and that I should consult with my primary care provider or local health department if I experience symptoms of COVID-19.
5. Complications and risks may result from administering this test, whether I perform the test on myself or whether I permit another individual to perform it on me.

In consideration of my receipt of this test and other valuable consideration that is hereby acknowledged, **I hereby agree to assume all risks associated with this test and will release, defend, indemnify, and hold harmless** the Ministry, staff members who provide me with the test, and all other agents of the ministry from any claims, liabilities, expenses, damages, and causes of action, including those caused by risks of the test, side effects, complications, false negatives or positives, **or the negligence of Ministry staff or volunteers**, that may arise from the administration of this test. In addition, by signing below, I acknowledge that this test has not been approved by the FDA.

**I agree** that I have carefully read and understand the foregoing. I sign this document as my own free act and understand that it is a legally binding agreement.

Name(s) of parent or legal guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or legal guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student name to be administered COVID-19 test\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_