



## CONTESTANT POLYGRAPH QUESTIONNAIRE AND WAIVER

**Note:** Competitors are required to review the banned substances list prior to the polygraph exam. Whether the list has been read and is understood is incorporated into the exam's questioning. If you have not yet read the list please be sure to do so before starting your exam. Failure to do so could result in not passing the polygraph examination.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City/State of Residence: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Division(s) Competing In: \_\_\_\_\_

Have you taken a polygraph exam before?  Yes  No

Do you have any health issues the examiner should be aware of?  Yes  No

Do you take prescription medication?  Yes  No

If yes, which medication(s)?

**Prior to the actual polygraph test, the examiner will cover all questions that will be asked. If competitors have any questions about any of them they should discuss them with the examiner before testing begins. No questions other than the ones covered in advance will be asked on the actual test.**

### Waiver

I certify that I have reviewed the organization's list of banned substances and have not used any substances deemed banned during any of the times deemed banned for.

I hereby voluntarily, without promise, reward or duress agree to take a polygraph examination by a recognized examiner in order to compete in this contest.

I understand and realize that the examination results and opinions may prove unfavorable to me. Notwithstanding, I do hereby release and covenant to forever hold free from all harm, liability or damage to me as a result of the examination and the opinions of the examiner.

I have read and understand and agree with the above statements:

Competitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TURN OFF ALL CELL PHONES AND PAGERS PRIOR TO TEST!**

**Examiner Use:** ID Checked:  Yes  No