



## DENTAL CANDIDATE LIMITATION OF LIABILITY AGREEMENT

Candidate Name: \_\_\_\_\_ I.D.#: \_\_\_\_\_

Exam Site: \_\_\_\_\_ Exam Date: \_\_\_\_\_

1. **WREB Examinations.** Western Regional Examining Board, an Arizona non-profit corporation (“WREB”), is a national dental and dental hygiene testing agency that administers examinations that test candidates’ clinical skills.
2. **No Affiliation with Schools.** The WREB examinations are typically administered at various dental schools and universities (individually, a “School” and collectively, the “Schools”) around the country. Other than administering an examination at a School, WREB has no relationship or affiliation with any of the Schools. The relationship between WREB, the School, and you is strictly a contractual one and not an employer/ employee relationship.
3. **Volunteer Patients and Dental Assistants.** As part of the examinations, you must perform certain types of clinical procedures on volunteer patients. You are permitted to use your own dental assistants during the examinations, however, you are required to supply both the volunteer patient(s) and a dental assistant, if any, at your own expense.
4. **Limitation of Liability, Assumption of Risk, and Indemnity.**
  - A. WREB (including its examiners) and the Schools cannot, and therefore, do not assume any responsibility or liability for the health or dental care of you, your assistant or your patient. If any exposure or other injury occurs during the course of the exam, neither WREB (including its examiners) nor the School assumes any duty or responsibility to you, your assistant or your patient for any health care service, including, but not limited to, serologic testing, counseling, or follow-up care. It is your responsibility to assure that any individual involved sees a licensed health care professional and initiates appropriate management and follow-up care.
  - B. You hereby expressly agree to assume the risk for any damages you, your patient, or your assistant may suffer due to (1) exposure to blood borne infectious agents such as HIV, HBV, and other microorganisms in the blood, (2) exposure to oral or respiratory secretions, or (3) other injuries occurring during the WREB examination. You agree to indemnify WREB (including its examiners) against and hold WREB (including its examiners) harmless from any and all losses, claims, demands, damages, assessments, costs and expenses (including reasonable attorneys’ fees) of every kind, nature or description resulting from, arising out of or relating to the health care, status, or condition of you, your assistant, or your patient before, during, or after the examination.
5. **Delays.** If the administration of the exam is prevented or delayed by any cause or causes beyond the reasonable control of WREB, including, but not limited to: power outage at the Schools; acts of nature; acts of criminals or public enemy; war; riot; official or unofficial acts; inability to secure materials; restrictive governmental orders, regulations or laws; third-party labor disputes or strikes; or any other cause not the fault of WREB (collectively referred to as “Events”), then you acknowledge and agree that WREB will not be responsible or liable for any delay, cost, expense, or inconvenience caused as a result of an Event.

I hereby state that I have read and understand this Disclosure, Limitation of Liability and Indemnity Agreement and agree to its terms. I also acknowledge that my exam results will be sent to me at the address listed below.

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Candidate Signature

# RADIOGRAPH AFFIDAVIT

Candidate ID #: \_\_\_\_\_

I certify that the radiographs submitted by me for the operative and endodontic sections of this examination are original, unaltered films and that digital films were made at an accredited dental school. I am aware that submission of altered radiographs, which do not demonstrate the actual condition of the patient or the extracted tooth, is unethical conduct and will result in failure of the examination for unethical conduct.

\_\_\_\_\_  
Candidate Signature

**If your contact information has changed**, please complete this section with your current information. The email address provided below will be used to notify you when your results are posted online. (Print clearly.)

Phone#: \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_