

CBP APPLICANT RELEASE OF

LIABILITY

Approval Date: 11/07/17

Case Number: \_\_\_\_\_

Exam Location: \_\_\_\_\_

I, \_\_\_\_\_ (print full legal name), an applicant for a position with U.S. Customs and Border Protection (“CBP”), hereby authorize a qualified polygraph examiner to administer a polygraph examination to me. I understand that applicants for law enforcement officer positions at CBP are required to undergo a polygraph examination as part of the background investigation.

I understand that it is my responsibility to notify the polygraph examiner of any known pre-existing conditions that might, in any way, adversely affect my ability or safety during the polygraph examination. If I have any pre-existing conditions that might, in any way, adversely affect my safety during the polygraph examination, I understand that I should consult with a physician before submitting to the polygraph examination. I understand that by signing this agreement, I represent that I am in adequate physical and mental condition to submit to a polygraph examination.

I, my guardians, heirs, executors, administrators, and assigns hereby release and forever discharge and agree not to sue CBP, the Department of Homeland Security (“DHS”), and CBP’s and DHS’s employees, officers, and agents, their heirs, successors, or assigns (the “Released Parties”), and agree to hold the Released Parties harmless of and from any and all actions or omissions, rights or causes of action, suits, damages, judgments, claims, and demands whatsoever, present or future, in law or in equity, whether known or unknown, which arise out of, result from, occur during, or are connected in any manner with my polygraph examination. I hereby agree to indemnify and hold harmless the Released Parties from and against any actions or claims, including, but not limited to, any and all attorneys’ fees, costs, losses, expenses, damages, and/or judgments, which may be made by me or on my behalf in respect of, or arising out of, any injury, loss, or damage caused to me or my property whether by my negligence or in any way whatsoever.

I agree that if any part of this Agreement is found to be unenforceable, the unenforceable term(s) shall be severed from this Agreement and the rest of the Agreement shall remain valid and enforceable.

I certify that I have read, understand, and voluntarily agree to the terms of this waiver and release. I voluntarily agree of my own free will to submit to a polygraph examination in connection with a background investigation concerning employment with U.S. Customs and Border Protection.

Applicant Signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Examiner Name: \_\_\_\_\_

Examiner Signature: \_\_\_\_\_

UNITED STATES CUSTOMS AND BORDER PROTECTION  
OFFICE OF PROFESSIONAL RESPONSIBILITY

**POLYGRAPH EXAMINATION CONSENT**

CASE NO:

LOCATION:

I, \_\_\_\_\_, voluntarily agree of my own free will to submit to a polygraph examination in connection with a background investigation.

**I HAVE BEEN ADVISED THE FOLLOWING:**

- I have been advised that I do not have to submit to the polygraph examination;
- The polygraph examination will only be conducted with my voluntary consent and I can withdraw my consent at any time;
- I have the right to request a lawyer and speak with a lawyer before, during, and after the polygraph examination;
- I understand that my participation in the polygraph examination is voluntary and that I may leave at any time;
- I understand that all questions will be reviewed with me prior to the polygraph examination;
- I understand that questioning may occur before, during, and after the polygraph examination;
- The polygraph examination room \_\_\_\_\_ have a two-way mirror or similar device;
- The polygraph examination \_\_\_\_\_ be monitored or recorded;
- The information obtained during this polygraph examination may be disclosed without my consent as permitted by the Privacy Act;
- I have been advised that any attempt on my part to manipulate data collected during the polygraph examination may result in the termination of the polygraph examination process.

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(TIME)

\_\_\_\_\_  
(SIGNATURE)

Audio Recorded  
\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
EXAMINER SIGNATURE

**TITLE: Polygraph Examiner  
Office of Professional Responsibility  
US Customs and Border Protection**