

**IDAHO DEPARTMENT OF CORRECTION
Waiver of Liability**

I, _____, have been approved by a court of competent jurisdiction
(Name of Affiant)
as an expert witness to examine and test _____, currently housed
(Name of Offender)
in administrative segregation at an Idaho Department of Correction (IDOC) correctional facility. I understand that normal and prudent security practices would require that during the time that I am testing and examining this offender, the offender would be fully restrained. The tests for which I have been retained and approved to conduct require that the offender participate with one or both hands left unshackled. I understand that this is contrary to and inconsistent with sound correctional security practices and that I am at higher risk for injury or death to my person and damage to my equipment with the offender not fully restrained. Nevertheless, I request that (one or both) of the offender's hands remain unshackled during my testing and examination.
(circle one)

I knowingly and voluntarily assume any and all risk associated with this testing and, on behalf of myself, my heirs and my assigns, agree to release, indemnify and hold harmless the IDOC, its employees, agents, heirs, and assigns for any and all injuries or damages of any kind whatsoever to my person or equipment as a result of the examination and testing of the offender contemplated by this Waiver of Liability.

Dated this ___ day of _____, 20___

Name (printed or typed)

Title

Signature