**Confidentiality Agreement and Liability Waiver**

The NAME OF FSSP is a secure facility that houses evidence, sensitive information, and forensic work that is confidential. Individuals entering laboratory analysis spaces may be asked to sign this form and by doing so agrees to the following:

* I agree to follow any verbal instructions given by any representative of the NAME OF FSSP and obey all posted rules and warnings.
* I may encounter confidential case information which includes, but is not limited to; case details, subject information, offenses, demographics, evidence items and examination, communication, photographs, and results of analysis.
* I may become aware of nonpublic information of a personal nature about employees, associates or case file subjects, including, but not limited to; actions, omission, statements, or personally identifiable medical, family, financial, social, behavioral, or other personal or private information.
* While visiting the NAME OF FSSP, I may encounter biological or chemically hazardous materials. I recognize that there are certain inherent risks associated with entering this facility, and I assume full responsibility for any personal injury, physical or mental, that may occur as a result of being on the premises.
* The NAME OF FSSP and all representatives and associated agencies are not responsible for any personal burden, loss, or damage to me or my property that may occur on the premises.
* Prior to entering any laboratory analysis space I may be required to provide a buccal swab standard and/or fingerprints for the sole purposes of contamination screening.

I have read and understand the above statements. I agree that I will not at any time, either during or after my visit to the NAME OF FSSP, communicate or disclose confidential information that I learn (either directly or indirectly) to any person or entity, unless required by applicable law or legal process. The NAME OF FSSP may seek injunctive relief against the breach or threatened breach of this agreement, in addition to any other legal remedies. I agree to defend and indemnify the NAME OF FSSP against any liability, claims, losses, damages, and attorney’s fees arising out of my use of any confidential information identified herein.

(Visitor Signature) (Date)

(Visitor - Print Name) (Staff Initials and Date)

 Buccal swabs obtained