

CALIFORNIA HIGH SCHOOL PROFICIENCY EXAMINATION (CHSPE)

COVID-19 REQUIREMENTS AND LIABILITY RELEASE

Test Taker Name:	DOB:
CHSPE ID #	Email Address:

Please complete and return this form by May 6, 2022 to [chspe@scoe.net and/or CHSPE Office, PO Box 269003, Sacramento, CA 95826]. If any information changes after you have submitted this form, notify the CHSPE administrator at chspe@scoe.net as soon as possible.

The above-named test taker is registered to take the CHSPE. The test will be administered in compliance with COVID-19 safety requirements specified by state and local public health departments. This includes maintaining social distancing at all times within the testing site, disinfecting the facilities, and testing tables, screening test participants, and requiring the test administrators and test takers to wear protective equipment and follow safety measures. In order to take the exam, test takers will be required to comply with the following requirements:

1. Each test taker will be screened prior to entering the facilities. Those who report symptoms, or recent known exposure to an individual with COVID-19 will not be allowed to enter the facilities or take the exam unless they have received a negative COVID test with 48 hours prior to admission.
2. The test taker must comply with applicable safety measures and wear an acceptable face covering at all times while on the testing premises. Test takers who fail to comply with safety measures and/or remove their face covering while still on the testing premises will be asked to leave, and their tests will be invalidated, and no refund will be provided.

I, the test taker named above, am registered to take the CHSPE. I have read the contents of this document, and I understand that I will be required to comply with the requirements herein as a condition of taking the CHSPE. If I do not, I may not be able to take the CHSPE and my test may be invalidated.

LIABILITY RELEASE: I ALSO UNDERSTAND THAT PARTICIPATING IN THE CHSPE INVOLVES SOME INHERENT RISKS, AND I WILLINGLY ASSUME ALL RISKS AND HAZARDS, BOTH KNOWN AND UNKNOWN, ASSOCIATED WITH TAKING THE CHSPE, INCLUDING THOSE RELATED TO COVID-19. I, THE UNDERSIGNED, HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE ANY STATE OR LOCAL DEPARTMENT OF PUBLIC HEALTH, THE CALIFORNIA DEPARTMENT OF EDUCATION, SACRAMENTO COUNTY OFFICE OF EDUCATION, THE TEST SITE, AND THEIR REPRESENTATIVES, OFFICERS, BOARD MEMBERS, AND STAFF FROM ALL CLAIMS AND LIABILITIES ARISING OUT OF OR IN CONNECTION WITH THE CHSPE ADMINISTRATION.

FOR TEST TAKERS UNDER THE AGE OF 18:

I, the parent/guardian of the test taker named above, have read and agree to the contents of this document. I understand that my child must comply with the required safety measures to take the CHSPE exam. I also understand that by signing this document, I am assuming all risks associated with my child's participation in the CHSPE, including those related to COVID-19.

By signing below, I acknowledge that I have read and agree to the terms in this form.

Test Taker Signature: _____ Date: _____

Print or Type Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ Date: _____