

# Liability declaration

I hereby certify that I am at today

First name surname

.....

living in

.....

Born on the

.....

following test

Type of test (e.g. antigen test, PCR test), manufacturer

.....

have carried out.

At the time of the test, the person named above is healthy, including me convinced me through an investigation.

I hereby take over

First name surname

.....

personally unlimited liability for everyone through the test caused short-term or long-term, physical or psychological Damage.

I agree to any necessary compensation without involvement of a court too.

place

.....

Date, signature

.....