

## APPENDIX M: TALENT WAIVER

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**CENTERS FOR DISEASE CONTROL AND PREVENTION**  
**NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH**

**TALENT CONSENT AND WAIVER**

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IN WITNESS WHEREOF I have hereunto set my hand and seal this  
day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
Name (Print)

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Signature

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