

## Exhibit B

### LICENSURE CANDIDATE RELEASE OF LIABILITY

In consideration for being allowed to participate in this Clinical Licensure Examination administered by the Central Regional Testing Agency ("EXAMINATION") on The Dental College of Georgia's premises; The University System of Georgia on behalf of Augusta University, for the benefit of The Dental College of Georgia ("UNIVERSITY") requires all licensure candidates to sign this agreement.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, release and forever discharge the UNIVERSITY, its trustees, officers, agents and employees from any liability for any and all losses, illnesses, injuries, damages, costs or expenses, of every kind or nature, incurred or suffered by me arising out of, resulting from or in any way connected with (i) my presence on the UNIVERSITY's premises or use of any UNIVERSITY equipment or facility, (ii) my involvement in the EXAMINATION, or (iii) the administration of the EXAMINATION.

I acknowledge that (i) the UNIVERSITY is not providing patients for the EXAMINATION and (ii) the UNIVERSITY has no involvement in any aspect of the administration of the EXAMINATION.

I agree that if any portion of this Release of Liability is held to be invalid or unenforceable by a court of competent jurisdiction, then the remaining portion shall continue in full force and effect to the maximum extent permitted by law.

I AM OVER EIGHTEEN (18) YEARS OF AGE, HAVE READ THIS RELEASE OF LIABILITY CAREFULLY, AND FULLY UNDERSTAND ITS CONTENTS. I INTEND THIS DOCUMENT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE FULLEST EXTENT PERMITTED BY LAW.

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Candidate's Signature

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Print Candidate's Name

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Date