



**Title:**

Certified Health and Safety Management System Auditor (CHSMSA) Applicant's Acknowledgement, Release and Indemnity

**Authorization:**

**Content Single Point of Contact:**

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**Reviewed by:**

Eldeen Pozniak

**Authorized by:**

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**Compliance Date:**

Immediate

**Purpose:**

The purpose of this form is for the CHSMSA applicant to release and indemnify the Auditing Association of Canada.

**Exceptions:**

None

**Revision History:**

Date	Revision	Intent	Non-Intent	Revision No.
January 1, 2012	Initial Release			
January 17, 2018	Reformat update		X	01



Document Number	Revision Number
AAC – CHSMSA Form 1	R1
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## **Applicant's Acknowledgement, Release and Indemnity**

I acknowledge that I have voluntarily applied for recertification and that AAC is a non-profit organization. I hereby release and discharge AAC and each and all of its members, officers, directors, examiners and agents (and their respective successors and assigns) from all losses, expenses, damages, costs, liabilities and claims whatsoever that I may have arising from or in connection with this application and the related recertification process, including without limitation, the application evaluation, and/or the granting or issuance of or failure to grant or issue a certificate to me.

I further hereby agree to indemnify and hold harmless AAC and each and all of its members, officers, directors, examiners and agents (and their respective successors and assigns) from and against all losses, expenses, damages, costs, liabilities and claims whatsoever in respect of any act(s), error(s), or omissions(s) by them arising from or in connection with this application and the related recertification process, including without limitation, the application evaluation and/or the granting or issuance of or failure to grant or issue a certificate to me; and that any certificate granted or issued to me shall remain the property of AAC.

I certify that all the information contained in this application is correct to the best of my knowledge. I hereby give AAC permission to contact my references, past employers and any other individuals or institutions listed in this application.

I hereby agree to abide by the AAC requirements and policies regarding maintenance, renewal, suspension and termination of my Health and Safety auditor designation.

I further agree, upon recertification, to remain for the term of my certification, a member of AAC in good standing, to abide by the AAC Code of Ethics as attached hereto and to abide by the AAC disciplinary procedures for AAC-Certified Health and Safety Management Systems Auditors.

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Name of Health and Safety Auditor (printed)

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Date

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Signature of Health and Safety Auditor