

MAINE BOARD OF BAR EXAMINERS  
 135 MAINE ST., STE A, BOX 305  
 BRUNSWICK, ME 04011



\_\_\_\_\_, \_\_\_\_\_  
 Applicant's Last Name First Name

\_\_\_\_\_  
 Date of Birth

**RELEASE OF LIABILITY FORM**

**This Completed Form Must Be Uploaded to the Applicant Portal by Tuesday, February 11, 2025.**

I have requested to take the essay portion of the Maine bar examination by laptop rather than writing the answers by hand. I fully understand that the use of electronic technology in completing my answers to the essay portion of the examination carries with it some risks, such as power failure, computer failure, etc. However, I have decided that the convenience of typing answers outweighs any risks that might result from a malfunction or power failure, e.g., loss of material or delays that could adversely affect the quality of my answers.

Since it is my decision and is voluntary in nature, I hereby release the Maine Board of Bar Examiners, Extegrity, and/or Exam4, their respective officers, directors, employees, agents and affiliates, and any other person, fund, or entity related to either of them, from any liability it may have relating to my having taken the bar examination by laptop. Through my signature on this document, it is my intention that this release be sufficient grounds to have any suit related to problems resulting from my taking the essay portion of the bar examination by laptop summarily dismissed.

In the unlikely event that there would be a problem such as a malfunction or power loss, it is my understanding that I would be provided the opportunity to use the remaining time to write my answers by hand. However, I fully understand that in no event would I be permitted extra time or be given any other concessions to complete the examination. I also understand that every attempt will be made to retrieve my answers from my laptop up to the point of any malfunction, but the Board of Bar Examiners, Extegrity, and/or Exam4 will not be held liable in the event such retrieval is not achieved.

\_\_\_\_\_  
 Dated

\_\_\_\_\_  
 Applicant Signature

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2025.

\_\_\_\_\_  
 Notary Public (Sign in black ink)

My commission expires \_\_\_\_\_

**Seal or stamp must be affixed to each original.**