

**COMMUNITY VOLUNTEER FIRE DEPARTMENT
RELEASE OF CLAIMS AND INDEMNIFICATION AGREEMENT
PHYSICAL ABILITY TEST**

I understand that an eligibility requirement for a firefighter position with the Community Volunteer Fire Department includes the requirement that all candidates pass a physical performance test consisting of the Physical Ability Test, ("PAT"). I have read and understand the test involves eight physical tasks and agree as follows:

I understand that the test is physically demanding and very strenuous. I understand that good health and good physical condition are necessary to participate in and prepare for this test. I understand that by such participation or preparation I risk injuring myself seriously including death or aggravation of a preexisting condition. However, since my participation in this test is for my benefit in furtherance of my application for membership with the Community Volunteer Fire Department, I have voluntarily chosen to take the test and willingly assume all such risks.

I agree for myself, my heirs, personal representatives, executors, administrators and assigns to defend, indemnify and hold harmless the Community Volunteer Fire Department, its officers, members, agents and assigns against any and all liability, claims, causes of action, suits, damages or expenses of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission by me or by the Community Volunteer Fire Department, its officers, members, agents and assigns while preparing for or performing the PAT test.

I further understand that I WILL BE ALLOWED ONLY TWO ATTEMPTS to complete the test. If I do not successfully complete the PAT within the standard or time allowed, I will be disqualified from further consideration for a firefighter position with the Community Volunteer Fire Department, this period.

I also understand that taking this PAT will not assure my membership with the Community Volunteer Fire Department. Acknowledging, cognizant of, and understanding the risks involved, I hereby knowingly waive any claims, demands, damages or causes of action I may have now or in the future against the Community Volunteer Fire Department, its members, officers and agents, successors and assigns for any injury I may suffer before, during, or after the PAT Test. I will not hold any of the above parties liable in any way.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

CAUTION: READ THIS DOCUMENT IN FULL BEFORE SIGNING

CANDIDATE PRINTED NAME: _____

CANDIDATE SIGNATURE: _____ DATE: _____