



CLACKAMAS FIRE DISTRICT #1

PHYSICAL ABILITY TEST WAIVER OF CLAIM FOR INJURY

This form must be signed before you will be permitted to participate in the Clackamas Fire District #1 physical ability test.

You will be asked to perform five (5) physical tasks and will be given specific instructions in the manner in which these physical tasks are to be performed. The five timed (5) physical tasks are:

1. Simulated Preconnect Pull
2. Search and Rescue
3. Tower Stairclimb
4. Simulated Ventilation
5. Simulated Smoke Ejector

In consideration of the District's permitting me to participate in this test in connection with my application for employment, I certify and agree to the following:

I have read the description of and understand the physical effort that this test involves. I am physically capable of safely participating in this test, and I voluntarily participate in this test as a part of my application for District employment.

I am aware that accidents or injuries may occur as a result of my participation in this test. **THE DISTRICT'S WILL NOT BE RESPONSIBLE OR LIABLE AND I HEREBY WAIVE ANY AND ALL CLAIMS AGAINST THE DISTRICT'S OR ANY OF THEIR EMPLOYEES FOR ANY PERSONAL INJURY, OTHER INJURY, DAMAGE, LOSS, OR EXPENSE TO ME, WHETHER OR NOT SUCH INJURY IS CAUSED BY NEGLIGENCE, I MIGHT SUSTAIN OR INCUR AS A RESULT OF MY PARTICIPATING IN THIS TEST.**

LAST NAME (please print)

FIRST NAME

MI

APPLICANT SIGNATURE

DATE