



## Candidate Physical Ability Test Waiver of Claim for Injury

I, \_\_\_\_\_, (Print Name) execute this Waiver and Release in favor of the City of Allen, Texas, and its departments, officers, employees, officials, agents, assignees and insurers (herein called "the City").

I, the undersigned, hereby request permission to take the candidate physical ability test as part of my application for employment as a Firefighter/Paramedic for the City of Allen, Texas. I am fully aware of the risks and dangers involved, and that unanticipated and unexpected dangers may arise during such activities and I agree to assume all risks of injury to my person and property that may be sustained in connection with preparing for and taking said test.

In consideration for being permitted to take this test, I, myself, my heirs, legal representatives and assignees, hereby release, indemnify and hold harmless the City and anyone acting on behalf of the City, from all claims, demands and causes of action for all damage, bodily injury or liability of any kind that might accrue to me or arise out of my participation in the Candidate Physical Ability Test.

By signing below, I acknowledge that I have reviewed and understand each and every separate test comprising of the Candidate Physical Ability Test that I will be required to perform, and do hereby state that I am not aware of any physical or medical condition that will be aggravated, worsened or otherwise adversely affected by the strenuous nature of these tests.

I further acknowledge and understand that my agreement to this release and attendance, participation and preparation for this test is voluntary and I am not in any way employed by or an agent of the City of Allen, Texas.

Signed this \_\_\_\_\_ day of, \_\_\_\_\_, \_\_\_\_\_.

Month

Year

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Notary's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Street Address

My Commission Expires On: \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

[NOTARY SEAL]