



# CANDIDATE PHYSICAL ABILITY TEST (CPAT) WAIVER OF CLAIM FOR INJURY

I am choosing to participate in the Candidate Physical Ability Test (CPAT) event(s). CPAT events include the Orientation, Practice Test and/or CPAT Test. I understand that I will be asked to perform eight (8) physical ability tasks and will be given specific instructions (by videotape and proctors) in the manner in which these physical tasks are to be performed. The eight (8) physical tasks are:

1. STAIR CLIMB
2. HOSE DRAG
3. EQUIPMENT CARRY
4. LADDER RAISE AND EXTENSION
5. FORCIBLE ENTRY
6. SEARCH
7. RESCUE
8. CEILING BREACH AND PULL

I have reviewed information regarding the CPAT physical ability test that will be administered. I have had the opportunity to consult my personal physician and have done so or chose not to. I understand that the physical ability tests are strenuous and hold the potential for serious injury. I acknowledge that I have willingly chosen to participate in this testing.

Accordingly, on behalf of myself and my estate, I hereby release and hold harmless, Public Safety Testing, Inc., PublicSafetyTesting.com, PST, the agency and/or agencies, and cities, counties, port districts and/or fire districts to which I have applied through Public Safety Testing, Inc. and any and all officers, agents or employees of such companies, agencies, municipalities, public entities, or any and all other jurisdictions to whom the test results may or may not be applied or reported, from any and all cost, claim, liability, damage, or cause of action which may result from or out of this testing process, including but not limited to death, physical injury or monetary loss of any kind or nature. I promise to hold harmless and indemnify such companies, agencies, municipalities and/or jurisdictions, from any and all loss, claim, liability, damage, cause of action or cost of defense and/or liability arising out of the testing process, including the reasonable costs of defense by counsel of the entities' choosing, PROVIDED, HOWEVER, this release and promise to indemnify shall not be interpreted to require me to release, and hold harmless or indemnify any party from the consequences of an intentionally tortious act which shall arise from or out of such process.

I sign this waiver and release willingly and of my own volition. I understand that by signing this form I give up all rights whatsoever to recover damages arising out of the testing process.

PRINT Last Name: \_\_\_\_\_ PRINT First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Phone: \_(\_\_\_\_\_)\_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature REQUIRED if under 18 years of age: \_\_\_\_\_ Date: \_\_\_\_\_

PST Staff Witness: \_\_\_\_\_ Date: \_\_\_\_\_