

## **PHYSICAL AGILITY TEST PERSONAL INJURY WAIVER**

### **Borough of Conshohocken**

#### **General Waiver**

As a candidate for the position of Career Firefighter with the Borough of Conshohocken, I recognize and acknowledge that there are certain risks of physical injury during a physical agility test and I agree to assume the full risk of any injuries, including death, damages, or loss which the candidate may sustain as a result of participating in any and all activities connected with or associated with such an agility test.

As a candidate, I do hereby fully release and discharge the **Borough of Conshohocken** and its appointed and elected officials, officers, agents, servants, and employees from and against any and all claims from injuries, including death, damage, or loss which I may have or which may occur on account of my participation in the agility test.

As a candidate, I agree to waive and relinquish all claims I may have as a result of participating in the test against the **Borough of Conshohocken** and its appointed and elected officials, officers, agents, servants, and employees.

As a candidate, I further agree to indemnify and hold harmless and defend the **Borough of Conshohocken** and its appointed and elected officials, officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages, and losses sustained by the participant and arising out of, connected with, or in any way associated with the agility test.

I certify that I am in good physical health and have no limitations that may predispose me to risk during this test.

I also grant permission to the **Borough of Conshohocken** representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should I become ill or injured while participating in the agility test when I am unable to grant authorization for emergency treatment. I understand that such treatment shall be at my expense. This form shall be considered valid until cancelled or changed in writing by the undersigned.

**By signing below, I acknowledge that I have read and understand the above PHYSICAL AGILITY TEST INJURY WAIVER and I fully understand that "THIS IS A FULL RELEASE OF LIABILITY".**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_