

**AUTHORIZATION FOR RELEASE OF LIABILITY -PHYSICAL AGILITY TEST**

I \_\_\_\_\_, acknowledge that the Physical Agility Test administered by Spring Fire Department as part of the Firefighter Entrance examination is physically demanding. I, have freely and voluntarily undertaken to participate in the Physical Agility Test. I further understand that participating in the test could result in a personal injury, and I accept all risk of injury.

I, release and discharge Spring Fire Department, and its elected and appointed officials, volunteers and employees, in their official and individual capacities, from any claim, demand or cause of action arising out of the activities of the Physical Agility Test. I further agree to indemnify and hold harmless Spring Fire Department, its elected and appointed officials, volunteers and employees from all claims for loss, damage or injury sustained by me, whether caused by me, caused by the negligence of Spring Fire Department, its elected and appointed officials, volunteers and employees, caused by the negligence of any other participant in the above-referenced Physical Fitness Test, or caused by another person.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Address:*

\_\_\_\_\_  
*Phone Number:*

\_\_\_\_\_  
**Emergency Contact:**

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Phone Number*

