



## CANDIDATE PHYSICAL ABILITY TEST WAIVER OF CLAIM FOR INJURY

This form must be signed before you will be permitted to participate in the Candidate Physical Ability Test.

You will be asked to perform eight (8) physical 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 read and understand the physical effort which this Candidate Physical Ability Test involves. I am physically capable of participating in this test. I hereby waive any and all claims for or arising out of any injury I might sustain or incur as a result of participating in the Candidate Physical Ability Test. I voluntarily participate as part of my application for employment.

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
(please print)

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SOCIAL SECURITY/INSURANCE NUMBER \_\_\_\_\_