



APPLICANT’S ASSUMPTION OF RISK, RELEASE, AND WAIVER FOR THE PHYSICAL ABILITY TEST

Applicant/Releasor’s Name *(Please Print)*: _____

Date of Birth: ____/____/____ Emergency Contact # (____) ____-_____

I, Applicant, am aware that by participating in the Physical Ability Test (“PAT”), there is potential risk of serious injury or death due to physical exertion, my own physical condition and/or any existing health defects, both known and unknown. I also understand that participation in the PAT is a requirement for employment with the San Juan County Fire Department (“SJCFD”), which is a department of San Juan County, New Mexico (“County”). I hereby acknowledge the intrinsic dangers of the Physical Ability Test. This waiver shall remain valid unless expressly revoked by me, in writing, with receipt acknowledged by the County. With knowledge of the foregoing, I do for myself, my spouse, my heirs, executors, administrators and assigns hereby agree to and acknowledge each of the following for myself and anyone claiming through me.

The nature of the PAT and instructions have been fully explained to me. I have examined the location and equipment to be used and find them safe and suitable to my needs. I recognize that participating in the PAT requires physical exertion and may involve risks and dangers which could result in serious bodily or personal injury from such causes as heart attack, stroke, falls, and other dangers. I voluntarily assume any and all risks and dangers arising or associated with the PAT.

I agree to obey all rules and safety procedures of the PAT and to obey the instructions of staff members directing the PAT. I agree that SJCFD, its officers, agents, employees and volunteers, may dismiss me from the PAT at any time without further obligation to me if, in SJCFD’s sole discretion, my participation poses a direct threat to me or others or my participation is otherwise incompatible with the PAT.

I have taken all actions necessary to ensure my health conditions are satisfactory for participation in the PAT, including consultation with my physician, and I have no health problems that would present a danger during the PAT. I agree to inform instructor(s) if my health conditions change at any time during the test. I have listed on the back of this form any accommodations required to make participation in the PAT possible and I agree that the County, in its sole discretion, may determine whether it can reasonably supply such accommodation.

I agree to provide medical documentation or undergo physical examination if the County requires such to determine whether accommodation is reasonable. I permit the County to contact my health care providers to inquire of medical needs and I agree that the County may copy and release my medical information to those who need to review it for purposes related to the PAT. If required by the Health Insurance Portability and Accountability Act (HIPAA) to execute Medical Releases, I will execute such releases.

I agree to release SJCFD and the County, it’s elected officials, agents, employees and volunteers from any and all liability for loss, injury or damage to persons or property arising from the PAT and hold them harmless for same. I authorize SJCFD and the County to seek medical attention for me and transportation to a health care facility in any emergency.

I have carefully read this Assumption of Risk, Release, and Waiver, and fully understand its terms and that the terms are contractual and not a mere recital. I have given up substantial rights by signing it and sign it freely and voluntarily as my own free act without inducement. If one or more portions of this Waiver are found unenforceable, the remainder of the Waiver shall remain enforceable.

APPLICANT’S SIGNATURE ____/____/____ DATE _____
APPLICANT’S CITY/STATE/AND ZIP CODE