

PHYSICAL ABILITY TEST CLAIM RELEASE

State of Texas

County of Tarrant

Whereas, I, _____ who resides at _____, _____, _____, desires to seek employment with the City of Saginaw Fire Department, and in connection must successfully complete a Physical Ability Test given by Tarrant County College Fire Service Training Center on behalf of the Saginaw Fire Department.

Whereas said physical ability test is given to applicants for employment by the City of Saginaw, now, therefore,

I, _____ for the sole and consideration of being considered by the City of Saginaw as an applicant for employment by the Saginaw Fire Department, do release and forever discharge the City of Saginaw, servants and employees of and from any and all manner of claims, liabilities and causes of action which I might have against the City of Saginaw as a result of any injury sustained taking said physical ability test at their testing site. I am thoroughly familiar with the type of exercise and physical ability and capability necessary in order to attempt to pass said test, and I hereby request that I be given an opportunity to take same and assume all risk incident thereto.

The above and foregoing release has been read and fully understood by the undersigned.

Signed Name

Subscribed and sworn before me on this _____ day of _____, _____.

My Commission expires: _____

Notary Signature

Notary Public of _____ County

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