



ROYSE CITY FIRE DEPARTMENT

PHYSICAL ABILITY TEST WAIVER

WHEREAS, _____ who resides at _____ desires to seek employment with the Royse City's Fire Department of the City of Royse City and in connection must successfully complete a Physical Ability Test given by the Fire Department; and

WHEREAS, said Physical Fitness Test is given to applicants for sworn employment by City of Royse City; **NOW THEREFORE,**

I, _____ for the sole and only consideration of being considered by the City of Royse City as an applicant for employment as a firefighter by the Fire Department, do release and forever discharge the City of Royse City, its agents, servants, and employees of and from any and all manner of claims, liabilities and cause of action which I might have against the City of Royse City as a result of any injury sustained taking said Physical Ability Test. I am thoroughly familiar with the type of exercise and physical fitness capacity 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.

WITNESS my signature, this _____ day of _____, _____.

Applicant Signature

Date