

**TOWN OF FAIRVIEW - FIRE DEPARTMENT  
AGILITY TEST - RELEASE OF CLAIMS & WAIVER OF LIABILITY**

I, \_\_\_\_\_, for and in consideration of being considered for employment by the Fairview Fire Department, do hereby make the following representations and acknowledgements:

1. As a part of the application process, I will have to take a physical agility test. The test may involve running, jumping, lifting, climbing, carrying, exercising, and other physical activities. Whether I am in good physical condition or poor physical condition, I recognize that there are risks of injury involved in taking this agility test. I further understand that if I am not in good or adequate physical condition, or if I have any pre-existing injuries, diseases, or physical conditions which may be aggravated by this test, that I may be placing myself at risk. I fully accept all risk and responsibility involved in engaging in this agility test.
2. I realize and agree that when taking the agility test, I will not be an agent, servant or employee of the Town of Fairview or the Fairview Fire Department, and therefore will not be covered by any worker's compensation, death or disability benefits of the Town of Fairview.

By signing this waiver, I do hereby release and forever discharge the Town of Fairview, the Fairview Fire Department, and its elected officials, officers and employees, in both their professional and personal capacities, from any and all liability, claims, suits, demands or causes of action which may arise from my taking the agility test. **This waiver is intended to cover all acts or omissions of the Town of Fairview, the Fairview Fire Department, and its elected officials, officers and employees, regardless of whether such act or omission is the result of an intentional, reckless, grossly negligent, or negligent act. By signing this waiver, it is my intent to bind my heirs, executors, administrators and assigns.** I understand the terms of this release are contractual and not a mere recital. Before signing this release, I read it fully and hereby acknowledge that I understand it. I have signed this document of my own free will.

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of Texas

**In case of emergency, notify:**

Name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_

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

Home: (\_\_\_\_) \_\_\_\_\_ Work/Cell: (\_\_\_\_) \_\_\_\_\_