

# Northern NV / CA F.I.R.E.

Firefighter Interagency Recruitment and Examination

## NORTHERN NV/CA F.I.R.E. PHYSICAL ABILITY TEST

### RELEASE AND HOLD HARMLESS

I acknowledge, understand and accept that there are inherent risks associated with participation in the Northern NV/CA F.I.R.E. physical ability test (hereinafter "PAT") and that doing so could result in bodily injury or damage to personal property. By participating in the PAT, I knowingly assume such risks.

I acknowledge that Northern NV/CA F.I.R.E., Carson City, NV, Lake Tahoe Fire Protection District, North Lake Tahoe Fire Protection District, Tahoe Douglas Fire Protection District, Storey County, Central Lyon County Fire Protection District and East Fork Fire Protection District do not provide accident insurance or worker's compensation benefits to those participating in the PAT.

I certify that I have had an ample opportunity to visit and consult with my physician and I am physically fit and able to safely participate in the PAT and, should anything change at any time during the PAT, I will notify an administrator of the PAT immediately.

I, on my own behalf, and on behalf of any form of business or organization I am involved in, including but not limited to corporation(s), partnership(s), association(s), trust(s), or unincorporated organization(s), including my heirs executors, administrators, successors and assigns, hereby unconditionally release, acquit and forever discharge Carson City, NV, Lake Tahoe Fire Protection District, North Lake Tahoe Fire Protection District, Tahoe Douglas Fire Protection District, Storey County, Central Lyon County Fire Protection District and East Fork Fire Protection District, their officers, employees, agents, and volunteers or any representative thereof, in both official and individual capacities, from and against any and all claims, demands, liabilities, damages, actions, causes of action, judgments, executions, costs and expenses of every kind, including costs, expenses and attorney's fees, whatsoever, past, present and future, whether

known or unknown, arising out of or relating to my participation in the PAT or anything related thereto.

I further agree, in the event I am injured or become ill from my participation in the PAT, a PAT administrator has my permission to seek medical attention on my behalf during the PAT testing process if I become unable to do so during that time.

I have read this Release and Hold Harmless agreement and understand and accept the terms.

Dated this \_\_\_ day of August, 2020.

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Applicant Signature

<b>MEETS MEDICAL REQUIREMENTS PRE-TEST:</b>	<b>Yes</b>	<b>No</b>
If "no", reason: _____		
_____		
EMT/Medic Signature		
<b>POST TEST MEDICAL EVALUATION COMPLETED:</b>	<b>Yes</b>	<b>No</b>
If "no" reason _____		
_____		
EMT/Medic Signature		

Course Time: \_\_\_\_\_

Pass

Fail

If "fail", reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Proctor Signature