

# City of Palatka Training/testing Waiver

## Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## Liability Waiver

I, the undersigned, being aware of my own health and physical condition and having knowledge that my participation in this firefighting testing/training program may be injurious to my health, am voluntarily participating in such testing.

Having such knowledge, I hereby acknowledge this release, any representatives, agents, and successors from liability for accidental injury, illness, or death which I may incur because of participation in said training. I hereby assume all risks connected therewith and consent to participation in said program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said activities of this training/testing program. I also agree, to hold the City of Palatka harmless in any injury, illness or death that may occur while participating in said training.

Furthermore, I agree to wear all appropriate personal protective gear as required by the instructors during this training/testing program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date