

PHYSICAL PERFORMANCE EVALUATION

APPLICANT STATEMENT or use Physician Statement

I, _____, being at least (18) eighteen years of age and having been advised as to the nature of the Physical Performance Evaluation conducted by the Fayette County Department of Fire & Emergency Services on the grounds of the Training Facility, hereto attached and incorporated by reference herein, do hereby declare that my health and ability are such that I am capable of participating in the Physical Performance Evaluation without injury to myself or others.

I further understand that if I do have concerns related to my physical condition and my ability to participate in the Physical Performance Evaluation, I should seek examination and/or advice from a licensed, practicing medical physician at my own expense prior to participating in the Physical Performance Evaluation.

Therefore, I hereby release and agree to hold harmless the County of Fayette, its officers, employees, agents, etc., from any loss, cost, damage or expense arising out of any accident or other occurrence causing injury to myself or any other person due directly or indirectly to my participation in the Physical Performance Evaluation and waive all claims against the County, its officers, employees, agents, etc., which may arise from such injury or occurrence.

SIGNATURE OF APPLICANT

DATE

WITNESS

NOTARY