



# Durham County Release of Liability and Assumption of Risk



I, the undersigned, having applied for employment as an Emergency Medical Technician, Intermediate or Paramedic, hereby acknowledges that I wish to participate in a physical agility test in furtherance of my desire to be employed by the Durham County Emergency Medical Services.

I hereby certify that I have no physical disability that would jeopardize my health or physical well-being by participating in the physical agility test. I have no impairment or history regarding cardiovascular disease, respiratory disease, or any other medical or physical condition that would endanger my health by taking the physical agility test in question.

I have read a description of the physical agility test and understand its requirements and tasks that will test my strength, endurance, and physical agility. I understand that I may stop or the Test Administrator(s) may stop any exercise or physical test at anytime, and I understand that any physical disability or injury I suffer as a result of taking the physical agility test is my sole responsibility and the Durham County Emergency Medical Services or the County of Durham, is not responsible or liable to pay any cost or expense I may incur as a result of injury or physical impairment arising out of my voluntary participation in this physical agility test.

In consideration of the Durham County Emergency Medical Services willingness to accept my application for employment, I hereby voluntarily assume any and all risks, hazards, and dangers to my physical or mental health and well-being that may attend or arise out of my participation in the physical agility test, and I for myself, my heirs and assigns, do hereby waive any and all claims, demands and causes of actions against the County of Durham, its agents and employees, because of or arising out of the physical agility test I voluntarily wish to take, and I hereby release and discharge the County of Durham, its agents, and employees from all liability or claim for damages or causes of action I might otherwise have as a result of taking this physical agility test.

Signed \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness Signature

**This form must be presented the day of your Physical Agility Test.**

Evaluator \_\_\_\_\_ Date \_\_\_\_\_ Time to Complete \_\_\_\_\_

Comments: \_\_\_\_\_

Pass  Fail