



## FITNESS MENTORING PROGRAM LEGAL WAIVER FORM

I, \_\_\_\_\_, (Print name) execute this Waiver and Release in favor of the City of Dallas, and its departments, officers, employees, agents, assigns and insurers (herein called “the City”).

I, the undersigned, hereby request permission to participate in the candidate physical ability test fitness mentorship program as a part of my application for employment as a fire fighter for the City of Dallas. I am fully aware of the risks and dangers involved, and that unanticipated and unexpected dangers may arise during such activities and I agree to assume all risks of injury to my person and property that may be sustained in connection with participating in said program.

In consideration for being permitted to participate in the Fitness Mentoring Program for the test, I, myself, my heirs, legal representatives and assigns, release and hold harmless the City from all claims, demands and causes of action for all damage, bodily injury or liability of any kind that might accrue to me or arise out of these activities. I hereby agree not to bring suit or other legal action, either State or Federal, based upon any claims against the City arising directly or indirectly from my participation in the Fitness Mentoring Program.

By signing below, I acknowledge that I have read and fully understand the terms of this Release and that I have received and read a copy of the CPAT Candidate Preparation Guide and the CPAT Orientation Guide. My agreement to this release, attendance and participation at mentorship sessions is voluntary and I am not in any way employed by or an agent of the City of Dallas.

Signature: \_\_\_\_\_

Notary: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

Commission Expiration: \_\_\_\_\_

\_\_\_\_\_

[Notary Seal]