



**City of Thornton
THORNTON FIRE DEPARTMENT
PHYSICAL PERFORMANCE TEST
RELEASE OF CLAIMS AND INDEMNIFICATION AGREEMENT**



Bring this form signed and notarized with you the day of your scheduled CPAT orientation or if waived, to your scheduled CPAT test.

I understand that an eligibility requirement for a firefighter position with the City of Thornton includes the requirement that all applicants pass a physical performance test consisting of the Candidate Physical Ability Test, ("CPAT"). I have read and understand the test involves eight physical tasks that compromise the "CPAT" program and agree as follows:

I understand that the Test is physically demanding and very strenuous. I understand that good health and good physical condition are necessary to participate in and prepare for this Test. I understand that by such participation or preparation I risk injuring myself seriously including death or aggravation of a preexisting condition. However, since my participation in this Test is for my benefit in furtherance of my application for employment with the City of Thornton, I have voluntarily chosen to take the orientation, practice tests, if not waived and the Test and willingly assume all such risks.

I also understand that the Test is conducted at an altitude of about 5,000 feet, and have taken this into consideration during training for the Test. I also understand that I should not eat or smoke for at least two (2) hours prior to participating in the Test.

I agree for myself, my heirs, personal representatives, executors, administrators and assigns to defend, indemnify and hold harmless the City of Thornton, its officers, employees, agents and assigns against any and all liability, claims, causes of action, suits, damages or expenses of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission by me or by the City of Thornton, its officers, employees, agents and assigns while preparing for or performing the CPAT orientation and practice sessions and the Test .

I further understand that I WILL BE ALLOWED ONLY ONE ATTEMPT to complete the Test. If I do not successfully complete the CPAT within the standard or time allowed, I will be disqualified from further Testing for a firefighter position with the City of Thornton, this year.

I also understand that taking this CPAT will not assure my employment with the City of Thornton. I further understand that I am not an employee of the City of Thornton within the meaning of the Colorado Workmen's Compensation Act at the time I take the CPAT orientation, practice sessions and the physical performance Test. Acknowledging, cognizant of, and understanding the risks involved, I hereby knowingly waive any claims, demands, damages or causes of action I may have now or in the future against the City of Thornton, the City of Thornton, its employees, officers and agents, successors and assigns for any injury I may suffer before, during, or after the CPAT

orientation, practice sessions and the physical performance Test. I will not hold any of the above parties liable in any way.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

CAUTION: READ THIS DOCUMENT IN FULL BEFORE SIGNING

Print Name:_____

Signature:_____ Date:_____

Address:_____ Phone:_____

STATE OF _____)
)ss.
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20___,
by _____.

WITNESS my hand and official seal.

My commission expires: _____.

NOTARY PUBLIC