



GAINESVILLE FIRE RESCUE DEPARTMENT



CANDIDATE PHYSICAL ABILITY TEST WAIVER OF CLAIM FOR INJURY

This form must be signed in order for you to participate in the Candidate Physical Ability Test (CPAT). You will be given specific instructions regarding the manner in which these physical tasks are to be performed via videotape and proctors. The eight physical tasks are:

1. STAIR CLIMB
2. HOSE DRAG
3. EQUIPMENT CARRY
4. LADDER RAISE AND EXTENSION
5. FORCIBLE ENTRY
6. SEARCH
7. RESCUE
8. CEILING BREACH AND PULL

I have read the physical tasks which are to be performed and understand the physical effort in which the CPAT involves. I am physically capable of participating and hereby waive any and all claims for, or arising out of, injury I might sustain or incur as a result of participating in the CPAT. I am voluntarily participating as part of my application process for employment.

Name (Print): _____

Signature: _____

Date: _____