



CONSENT WAIVER AND RELEASE FORM

TO: The Corporation of the Township of Severn

WHEREAS the Corporation requires that applicants for the position of Volunteer Firefighter be examined.

AND WHEREAS I, _____ have submitted to the Corporation my signed application for the position of Volunteer Firefighter and have been informed that I am required to be examined for this position and required to participate in a series of tests to demonstrate my strength, endurance and physical agility.

AND WHEREAS, the procedures to be followed during the said examination and said series of tests to demonstrate my strength, endurance and physical agility and have been fully explained to me.

NOW THEREFORE, I, for myself, my heirs, executors, administrators or assigns, hereby consent to and agree to be examined for the position of Volunteer Firefighter, and consent to and agree to participate in a series of tests to demonstrate my strength, endurance and physical agility and I for myself, my heirs, executors, administrators or assigns, hereby waive any and all claims against the Corporation that I, my heirs, executors, administrators or assigns, or any of them now or hereafter can, shall, or may have, for, on account of, or because of any injury or damage that I may sustain because of, in connection with, or on account of said examination and said series of tests to demonstrate my strength, endurance and physical agility, and I, for myself, my heirs, executors, administrators or assigns, do hereby remise, release and forever discharge the Corporation from any and all liability claims for damages, actions, suits and demands whatsoever, which I, my heirs, executors, administrators or assigns or any of them now or hereafter and without restricting the generality of the foregoing, for or by reason of any cause, matter or thing arising out of or resulting from my participation in said examination and said series of tests to demonstrate my strength, endurance and physical agility.

IN WITNESS WHEREOF I have hereunto set my hand and seal this ____ day of _____, 20____.

SIGNED, SEALED AND DELIVERED IN THE PRESENCE OF

Applicant Name (Please Print or Type) _____

Applicant Signature _____

Witness Name (Please Print or Type) _____

Witness Signature _____

Note: This completed form and the Medical Examination Report MUST be received before applicant will be permitted to participate in the physical testing.