

**Medical Physical Ability Test
Applicant Waiver, Release, and Hold Harmless of Injury Form**

By signing this form, you are agreeing to voluntarily participate in the physical ability test that has been described to you. This test will be administered by Bladen County EMS. The purpose of this test is to determine whether you do or do not currently possess the minimal physical abilities necessary to perform the job of an EMT or Paramedic. I understand that the Medic Physical Ability Test requires a high level of physical exertion. I also understand that there is a potential for injury while participating in such a test. I also understand that I may decide to stop at any time during the course of the test. To the best of my knowledge, I am physically able to safely participate in the test. Considering all of these points, I agree to voluntarily participate in the Medic Physical Ability Test as part of my consideration for employment.

I hereby covenant and agree that Bladen County EMS and the County of Bladen is held harmless from any and all liability for damages, losses, cost and expenses, including reasonable attorney fees, incurred connection with, or arising out of injury or harm to myself, while I perform my duties as an EMT or Paramedic for Bladen County EMS.

I specifically hereby waive any and all claims for, or arising out of, any injury I might sustain, or incur as a result of my participation.

This indemnification shall survive my employment with the County of Bladen as a Bladen County EMT or Paramedic.

Last Name (Print) First Name MI

Applicant Signature

Date

In case of an emergency, I authorize the Bladen County EMS to contact:

Name: _____

Address: _____

Telephone: _____