

LIABILITY WAIVER/INFORMED CONSENT

Informed Consent and Liability Waiver Release for the Participation in the Candidate Physical Ability Test ("CPAT") Exercise Program.

By signing below, I agree and consent to the following:

I am voluntarily participating in the CPAT exercise/fitness program conducted at [236 Evergreen St., Bridgeport, CT](#) (or such other locations as said Program may be conducted from time to time), which is sponsored by the City of Bridgeport's Fire Department ("Program").

I recognize that the Program requires physical exertion that may be strenuous at times, may cause physical injury, and I am fully aware of the risks and hazards involved. I also understand that similar to many other functions and/or events that I have attended or participated in and/or may attend or participate in that exposure to COVID-19 is a possible risk factor when attending the Program and I am fully aware of the risks of being exposed to and contracting COVID-19.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Program. I represent and warrant that I have no medical condition that would prevent my participation in the Program.

I agree to assume full responsibility for any risks, injuries or damage, to persons or property, known or unknown which I might incur, or cause, as a result of participating in the Program. Such personal injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death.

I knowingly, voluntarily and expressly waive any claim I may have against the City of Bridgeport, its departments, elected officials, officers, department heads, employees, agents, servants, successors and assigns for any injury or damages that I may sustain as a result of participating in the Program.

I indemnify and hold harmless the City of Bridgeport, for any damages that I may cause, willfully, recklessly, or negligently, to it or third persons resulting from my participation in the Program.

I, forever release waive, discharge and covenant not to sue the City of Bridgeport for any injury or death to me caused by their negligent or other acts.

I have read the above waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date: _____/_____/_____

Print Name: _____ Phone

Number: _____

Signature: _____