



Serve & Protect

The City of Spartanburg strongly recommends that each participant consult his/her physician with regard to participating in this physical evaluation.

WAIVER STATEMENT

The undersigned acknowledges, appreciates, and agrees that:

(Printed Name of Participant)

The risk of injury from the activities involved in this physical assessment is significant, including the potential for permanent paralysis and death, the risk of serious injury does exist; and,

- 1) I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation; and
- 2) I willingly agree to comply with the stated and customary terms and conditions for participation; and
- 3) If, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, hereby release and hold harmless the City of Spartanburg and the Public Safety Department, their officials, officials, agents and/or employees, with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from my own negligence or otherwise.

I have read this release of liability and assumption of risk agreement, fully understand its terms, and sign it freely and voluntarily without any inducement.

Signed _____

Date _____

Emergency Information

In case of an emergency contact:

Print Name _____ Telephone Number _____