

Assumption of Risk and Release of Liability Form

First Name (please print):	Last Name (please print):	Date of Birth: ____ / ____ / ____ (mm) (dd) (yyyy)
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OPTIONAL: Please check below any of the following groups you wish to be self-identified with. This will be forwarded to municipalities requesting this information.

Women

First Nations - Aboriginal peoples are those who identify themselves as Indian (Status or Non-Status), Inuit, or Métis.

Visible Minority - Members of visible minority groups are people, other than aboriginal people, who are, because of their race or colour, in a visible minority in Canada and who identify themselves as non-Caucasian in race or non-white in colour. *Please note this is not based on nationality, citizenship, religion, or ethnicity.* You may identify yourself with a visible minority group whether or not you are born in Canada or are a Canadian citizen. Groups such as Polish, Italian, Greek, etc., would not be considered visible minorities.

Please read the following information carefully.

Description of Risks

In order to assess a firefighter applicant's physical fitness, occupational skill, and psychological aptitude, the undersigned must complete the following tests: a clinical assessment, an occupational assessment, an acrophobia test, a tread water test, and an aptitude assessment (the "Tests"). By signing this document you indicate that you fully understand the risks involved with the Tests and agree to assume such risks. Further, you agree to waive certain legal rights that you may have against Firefighter Services of Ontario should you suffer any damages to yourself or your personal property, or cause any damage to a third party, during the administration of the Tests. I am aware that by participating in the Tests that I will be exposed to the following inherent risks, including but not limited to: injuries from vigorous physical exertion and strenuous cardiovascular output; injuries from demanding physical techniques and maneuvers; injuries from falling and impacting against the floor, stairs or equipment; injuries from collisions with walls, low ceilings and equipment. Further, I am aware: that injuries sustained during the Tests may be severe; that the risk of injury increases as I become fatigued; that it is my responsibility to ensure I am physically and psychologically fit to participate in the Tests.

Assumption of Risk and Release of Liability

I hereby agree to assume all risks arising out of, associated with or relating to my participation in the Tests. I agree to be solely responsible for any injury, loss or damage that may be sustained during my participation in the Tests. In particular, I agree that if Firefighter Services of Ontario (FSO), in its sole discretion and on my behalf, should secure any medical advice or services as it may deem necessary for my health and safety, that I shall be financially responsible for such medical advice or services. I hereby agree to WAIVE any and all claims that I have or may have against FSO, its Board of Directors, officers, employees, students, agents, volunteers, and independent contractors (the "FSO Parties"). I further agree to release the FSO Parties from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in the Tests, due to any cause whatsoever INCLUDING NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY DUTY OF CARE owed on the part of the FSO Parties. I further agree to INDEMNIFY AND HOLD HARMLESS the FSO Parties from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from my participation in the Tests.

Acknowledgement

I HAVE READ AND UNDERSTOOD THIS AGREEMENT. I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I, OR MY NEXT OF KIN, MAY HAVE AGAINST THE FIREFIGHTER SERVICES OF ONTARIO PARTIES.

Signed this _____ day of _____, 201____ at _____, _____.

(day) (month) (yr) (city) (province)

Signature of Participant (I am 18 years of age or older)

Firefighter Services of Ontario protects your privacy and your personal information. Date of birth is required to determine age- based clinical scores. Test results and application materials will be forwarded to the municipalities you identify upon registration. Direct any questions about this collection to the Director of Firefighter Services of Ontario at info@fireontario.com.

For office use only:

Witness Name (please print)

Witness Signature