

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

DATE RELEASE SIGNED: _____ **20** _____

IN CONSIDERATION of being permitted to participate in any way in the EVENT(S) or being permitted to enter for any purpose any RESTRICTED AREA (defined as any area requiring special authorization or permission to enter or any area to which admission by the general public is restricted or prohibited), EACH OF THE UNDERSIGNED, for himself, his personal representatives, heirs, and next of kin:

1. Acknowledges, agrees, and represents that he has or will immediately upon entering any of such RESTRICTED AREAS, and will continuously thereafter, inspect the RESTRICTED AREAS which he enters, and he/she further agrees and warrants that, if at any time, he is in or about RESTRICTED AREAS and he feels anything to be unsafe, he/she will immediately advise the officials of such and if necessary will leave the RESTRICTED AREAS and/or refuse to participate further in the EVENT(S).

Participant's Initials

2. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Pender EMS & Fire, INC, its employees, or Board of Directors, other participants, or any persons in any RESTRICTED AREA, owners and lessees of premises used to conduct the EVENT(S), premises and event inspectors, surveyors, underwriters, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or EVENT(S) and each of them, their directors, officers, agents and employees, all for the purpose herein referred to as "Releases," FROM ALL LIABILITY TO THE UNDERSIGNED, his/her personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

Participant's Initials

3. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releases and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the EVENT(S) WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

Participant's Initials

4. HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) whether caused by the NEGLIGENCE OF RELEASEES or otherwise.

Participant's Initials

Pender EMS and Fire, Inc.
805 Ridgewood Ave., Burgaw, NC 28425
Phone: (910) 259-0897

WAIVER OF LIABILITY & HOLD HARMLESS AGREEMENT EMPLOYMENT ENTRANCE TESTING PROCEDURE

5. HEREBY acknowledges that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED, also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.

Participant's Initials

6. HEREBY agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releases, INCLUDING NEGLIGENT RESCUE OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the Province or State in which the Event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Participant's Initials

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

ALL PREVIOUS SECTIONS MUST BE INITIALED.

PARTICIPANT'S PRINTED NAME DRIVER'S LICENSE #

PARTICIPANT'S SIGNATURE DATE

WITNESS PRINTED NAME

WITNESS SIGNATURE DATE

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WAIVER OF LIABILITY & HOLD HARMLESS AGREEMENT EMPLOYMENT ENTRANCE TESTING PROCEDURE

PENDER EMS AND FIRE INC., EMPLOYMENT ENTRANCE TESTING PROCEDURE

SCOPE & PURPOSE

Throughout the entirety of an emergency incident, one's body is extremely strained. The physical strain put on the body while operating at an emergency incident may lead to unforeseen serious injuries or death if your body has not been kept in good physical shape. Additionally, EMS personnel are required to obtain certifications and training throughout their careers in order to provide the services this organization provides to its community.

To assess the candidate's current level of knowledge and skills for this position, and their level of cognitive skill to maintain those levels or obtain future training and certifications, candidates will be required to successfully complete a series of examinations to include physical agility, job knowledge, and oral interviews.

This document establishes minimum entrance agility standards for candidates seeking employment with Pender EMS and Fire, Inc. These standards will evaluate the candidate's physical abilities to perform the job tasks, duties, and functions of the position, and will be used as a test to determine whether the candidate will be able to perform said tasks, duties, and functions for the position.

Test Description

The test will be used to assess a candidate's preparedness for the physical stress encountered by EMS personnel on an emergency scene. This test is designed to test a candidate's aerobic capacity, upper and lower muscular strength and endurance, grip strength and endurance, and anaerobic endurance.

Attire

The candidate will wear clothing consistent with athletic wear such as long pants, athletic shoes, and t-shirt. Gloves and a rescue helmet are required throughout the assessment.

Safety Officer

The candidate is the main safety officer and should stop anytime they feel that something is wrong, or they start feeling badly.

The preceptor is the department safety officer and can stop the test at any time he or she feels that the candidate is in any medical or physical danger.

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**WAIVER OF LIABILITY & HOLD HARMLESS AGREEMENT EMPLOYMENT ENTRANCE
TESTING PROCEDURE**

Medical Monitoring

Prior to a candidate starting the Employment Entrance Testing, a blood pressure reading will be taken by a Medical Professional and recorded. Should a candidate's blood pressure exhibit inconsistencies or signify potential concerns for their well-being in participating in the agility test, determination on allowing a candidate to proceed or not proceed at that point will be the decision of the highest medically trained personnel attending. If a candidate's blood pressure does not return to what the highest medically trained personnel attending feels it should be then the candidate will not be allowed to proceed.

Once a candidate has completed the test, they are responsible for returning any equipment or items assigned to them by Pender for participating in the test. Additionally, ALL candidates MUST receive medical clearance by a Medical Professional before leaving the testing area.

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**WAIVER OF LIABILITY & HOLD HARMLESS AGREEMENT EMPLOYMENT ENTRANCE
TESTING PROCEDURE
Physical Agility Test
Pender EMS & Fire, Inc.**

I have read and I understand the description of the PENDER EMS & FIRE, INC Physical Agility Test.

PARTICIPANT'S PRINTED NAME **DRIVER'S LICENSE #**

PARTICIPANT'S SIGNATURE **DATE**

WITNESS PRINTED NAME

WITNESS SIGNATURE **DATE**

AGILITY TEST LOCATION:

Pender EMS & Fire, Inc. - Station 28
1015 Island Creek Road
Rocky Point, NC 28457

**PLEASE ARRIVE 15 MINUTES PRIOR TO THE TEST START TIME TO
COMPLETE THE REQUIRED DOCUMENTATION.**

PLEASE ARRIVE IN PT CLOTHING.



EMS Candidate Physical Agility Test EMS Evaluation Sheet

Name: _____ Date: _____

Beginning Vitals: BP: _____ O2: _____ PR: _____

Ending Vitals: BP: _____ O2: _____ PR: _____

****Systolic BP \geq 160 , Diastolic \geq 100 or NFPA Max HR is exceeded agility test is not started,
and Health and Safety Officer will be advised.**

- Total Time at completion: _____ *****Time over 10 minutes = Failed CPAT**
- Time if test is stopped: _____

Notes: *Please note any deficiencies observed. CPAT has a 10 minute Time limit.

***Critical Failures/ unsuccessful completion of agility Test**

Knee Down on weight and stair chair carry YES: NO:

2 minutes continuous compressions with no stoppage YES: NO:

Agility Test completion under 10 minutes YES: NO:

PASS: FAIL: Unable to complete:

Recruit/Employee Signature: _____

Evaluator Signature: _____