



Denver Fire Department
 5440 Roslyn Street, Bldg F
 Denver, CO 80216
 (720) 865-3955



RELEASE AND ASSUMPTION OF RISK

I, _____, **hereby release** the Denver Civil Service Commission, Denver Fire Department, the City and County of Denver and its agents and employees from any liability for any injury I may suffer in the process of assessing my physical ability for the purpose of obtaining employment with the Denver Fire Department. I understand that the job for which I am applying is physically demanding. I understand that this physical ability test is physically demanding.

My participation in the physical ability test is for my benefit in furtherance of my application for employment with the City and County of Denver. I understand that if I begin the test and do not successfully complete it, I will fail the test.

I understand that I am not an employee of the City and County of Denver within the meaning of the Colorado’s Worker’s Compensation Act at the time I take the physical ability test. I further understand that taking this physical ability test will not ensure my employment with the Denver Fire Department.

I understand that I risk injuring myself or aggravating pre-existing conditions in the process of undergoing the physical ability test. Understanding the risks involved, I waive any claim I may have against the Denver Civil Service Commission, Denver Fire Department, the City and County of Denver and its agents and employees for any injury or aggravation of a pre-existing condition that I may suffer as a result of my participation in the physical ability test in furtherance of my application for employment with the City and County of Denver and Fire Department.

On this _____ day of _____, 20____, I hereby affirm that I have read and understand this Release and Assumption of Risk.

 Print Full Legal Name

 Signature