

Hold Harmless Agreement

Wher	reas I,	, hereinafter referred to as APPLICANT,
· · · · · · ·	(Print Name)	, the female of the female at the Lie at the
whose address is:, is granted		
(Physical Address, including City, State and Zip Code)		
permission to participate in the Bluffton Township Fire Districts' Recruit Firefighter Physical Aptitude Test, for the purpose of evaluating the Applicant's ability to complete critical tasks performed frequently by firefighters. This permission is granted for the time period of which time the "APPLICANT" is on or adjacent to the Recruit Firefighter Physical Aptitude Test evaluation.		
Any Cardiac/Heart, Pregnancy or any known serious medical conditions will prohibit the "Applicant" from participating in the Bluffton Township Fire Districts' Recruit Firefighter Physical Aptitude Test evaluation. All pre-existing conditions and prior injuries must be disclosed prior to testing and "Applicant" accepts full responsibility for any injury or re-injury sustained during or resulting from participation in testing.		
Therefore the "Applicant" does hereby agree as follows:		
1.	absolve and discharge the Bluffton Township Fi liability for personal injury and property damag	recessors in interest, waive, renounce, relinquish, re District, its Commission and Employees from any e which may result from the issuance of permission Districts' Recruit Firefighter Physical Aptitude Test
2.	District from and against all liability, loss, claim whatever kind or nature which the Bluffton To	mless, and indemnify the Bluffton Township Fire as, damages, costs, attorneys' fees and expenses of wnship Fire District may sustain, suffer, incur or be hission to participate in the Bluffton Township Fire est evaluation.
3.	By signing below, the "Applicant" acknowledges receiving instructions on the safe participation and usage of Bluffton Township Fire Districts' Recruit Firefighter Physical Aptitude Test evaluation; and acknowledges receiving appropriate safety equipment and proper instructions on its use; for the purpose of protecting the "Applicant" from personal harm.	
4.	not have any Cardiac/Heart, Pregnancy or a	o the best of their knowledge, the "Applicant" does ny known serious medical conditions that would and/or using the Bluffton Township Fire Districts ation.
Signed, Sealed and delivered in the presence of:		
Applicant Signature:		Date:
Parent or Legal Guardian:		Date:
Witness:		Date:

Fire Department Representative: ______ Date: _____