



# The City of Richmond Fire-Rescue

## **RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK and INDEMNITY**

By signing this document, you will waive certain legal rights, including the right to sue.  
Please read carefully!

In consideration of permission, granted now or in the future by The City of Richmond Fire-Rescue to participate in  
**Candidate Physical Ability Test [CPAT] Orientation and Timed Practice,**

I agree and acknowledge that:

1. Being offered a CPAT orientation and timed practice is treated as a mandatory condition for taking the CPAT.
2. The orientation and timed practice was made available to me preceding the test.
3. I expressly waive, on a knowing and voluntary basis, the opportunity to participate in the orientation and timed practice as per the following:

Orientation/Timed Practice #1	March 15/March 16, 2009	Waived <input type="checkbox"/>	Accepted <input type="checkbox"/>
Orientation/Timed Practice #2	March 21/March 29, 2009	Waived <input type="checkbox"/>	Accepted <input type="checkbox"/>

4. I understand the resources made available to me to prepare to take the CPAT in lieu of my attendance at the orientation and timed practice:

4.1. Complete downloadable version of the CPAT Orientation/Preparation Guide on The City's Internet site at [www.richmond.ca](http://www.richmond.ca)

5. This RELEASE OF LIABILITY, WAIVER OF CLAIM, ASSUMPTION OF RISK and INDEMNITY is binding on myself, my heirs, my executors, administrators, personal representatives and assigns.

DATED at:

\_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2009  
(City) (Province)

\_\_\_\_\_  
Full Name (Please Print) ID#

\_\_\_\_\_  
Signature of Participant