



**BOCA RATON FIRE RESCUE SERVICES DEPARTMENT**

**FIRE FIGHTER CANDIDATE PHYSICAL ABILITY TEST**

**REQUIRED RELEASE FROM LIABILITY**

I have read the description of the Boca Raton Fire Rescue Services Candidate Physical Ability Test and the Orientation and Preparation Guide. I acknowledge that my physician has reviewed this program and I have obtained doctor's clearance to participate. I further assume total responsibility for any injury that may result from my participation in this process. I release Boca Raton Fire Rescue Services, The City of Boca Raton, and employees of Boca Raton from any and all liability associated with this program.

State of Florida

County of \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of, \_\_\_\_\_,

20\_\_ by \_\_\_\_\_  
Applicant Name

Who is personally known \_\_\_\_\_ OR produced identification.

\_\_\_\_\_  
TYPE OF IDENTIFICATION PRODUCED

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
NOTARY STAMP OR SEAL  
AND EXPIRATION OF  
COMMISSION