



**Scarborough Fire Department**  
Scarborough, Maine



Standard Operating Procedures

<b>Book:</b>	<b>Organization</b>
<b>Chapter:</b>	<b>Forms, Records &amp; Reports</b>
<b>Subject:</b>	<b>1507 - Physical Abilities Testing Release Form</b>
<b>Revision Date:</b>	<b>5/19/2010</b>
<b>Approved by:</b>	<i>B. Michael Thurlow</i>

**Scarborough Fire Department**

**RELEASE & INDEMNITY FORM FOR  
PHYSICAL ABILITIES TESTING**

In consideration of my being permitted to further my application for the position of a Fire Department employee by participating in the requisite physical abilities testing conducted or sponsored by the Town of Scarborough (“the Town”), I hereby agree as follows:

1. I acknowledge that there are inherent risks associated with the requisite physical abilities testing for fire department positions and hereby expressly assume all risks associated with participating in such activities conducted or sponsored by the Town and expressly waive any claims of injury or loss arising therefrom. I agree to abide by and follow the rules, protocol and other instructions that may be provided by the Town or its designee in conjunction with the physical abilities testing. I expressly release the Town, its employees, agents and representatives from any and all claims for personal injury, property damage, or any other damages even if caused by negligence of the Town, any of its employees, agents and representatives.
2. I agree to hold harmless, indemnify and defend the Town, its employees, agents and representatives from and against any and all claims, demands, causes of action, damages, judgments, orders, costs or expenses, including attorney’s fees, which may in anyway arise from or be in any way connected with the above-referenced activities.

Applicant Name: (please print) \_\_\_\_\_

\_\_\_\_\_  
Signature of Releasor / Indemnitor

Date: \_\_\_\_\_