



MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT
2411 West 14th Street, Tempe, AZ 85281-6942

**REGIONAL PUBLIC SAFETY TRAINING CENTER
GENERAL ASSUMPTION OF RISK & RELEASE OF LIABILITY**

Caution: This is a release of legal rights. Read and understand it before signing.

The Maricopa County Community College District ("District") is a public educational institution. The City of Glendale ("City") is a municipality. The Regional Public Safety Training Center is owned by the City and is used by the City, the District, and by other partners. Collectively, these parties shall be referred to as "Partner Agencies," and the term shall include officers, officials, employees, volunteers and agents of the Partner Agencies.

I, (print full name and address), the District student signing this RELEASE, freely and voluntarily choose to participate in the Candidate Physical Ability Test, Glendale Community College Course No. FSC 130 ("Program"). In consideration of my participation in this Program and use of Partner Agencies' facilities, I agree as follows:

RISKS INVOLVED IN PROGRAM: Some, but not all, of the specific risks of injury associated with this Program are listed below:

Injuries due to the lifting and handling heavy equipment; injuries resulting from falling objects, including building materials and equipment; exposure to hazardous materials; injuries due to falling from heights; injuries due to contact with dangerous or heavy equipment; injuries due to contact with obstacles; physical stress due to exertion that could create or exacerbate existing medical conditions; injuries due to ongoing construction at the training facility; injuries due to the handling of equipment or materials by, the student, fellow students and/or instructors; and other training environment risks.

HEALTH AND SAFETY: I have been advised to consult with a medical doctor with regard to my physical condition and fitness to participate in physically challenging training. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any.

I recognize that Partner Agencies are not obligated to attend to any of my personal medical or medication needs, and I assume all risk and responsibility therefore. I release from liability the Partner Agencies, their officers, officials, employees, volunteers and agents from all liability for any injury or damage I sustain as a result of my participation in the Program.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks, associated with the program and the training facility, and in consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend the Partner Agencies and their officials, officers, employees, agents, and volunteers from and against any claim which I, the participant, my parents or legal guardian or any other person, may have for any losses, damages or injuries arising out of or in connection with my participation in this Program and my use of Partner Agencies' facilities.

SIGNATURE: I indicate that by my signature below that I have read the terms and conditions of participation and that I agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made to me. This Release Form shall be governed by the laws of the State of Arizona. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Print Name of Program Participant

Signature of Program Participant

Date

Signature of Parent or Legal Guardian (if student is a minor)

Date

**CANDIDATE PHYSICAL ABILITY TEST
SIGN-IN SHEET**

LAST NAME: _____ FIRST NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

DATE OF BIRTH: _____

IN CASE OF EMERGENCY, I AUTHORIZE GCC TO CONTACT:

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

I understand that my CPAT results will be placed in a data bank kept by Glendale Community College. I give Glendale Community College permission to release my information regarding the CPAT that may include my social security number, address, gender and race to requesting agencies. I understand that I will not receive a card or other written material indicating my results on the CPAT. I understand that some licensed agencies may not accept the results of the Glendale Community College CPAT, and I may have to take those agencies CPAT or other physical ability test to meet their specific qualifications. The time frame in which CPAT results are accepted vary among licensed agencies (I.E. City "A" may accept results for six months while City "B" will accept the results for one year). Glendale Community College cannot guarantee our test results will match the time frame set by any particular CPAT licensed agency.

SIGNATURE: _____ DATE: _____