

**LINCOLN COUNTY
EMERGENCY MEDICAL SERVICES**

PHYSICAL AGILITY ASSESSMENT
ACKNOWLEDGEMENT OF RISK AND RELEASE

I, _____, understand that persons seeking employment as an Emergency Medial Technician (Basic, Intermediate, or Paramedic) must pass a physical agility assessment. The physical agility assessment consists of the following components: (1) Locating and moving EMS Equipment (approximately 55 pounds), (2) Assembly of an oxygen bottle and regulator, (3) 75 feet, 165 pound mannequin rescue drag , (4) 5 minutes of Cardio-pulmonary Resuscitation.

I also understand that the maximum allowable time to complete the physical agility assessment is 10 minutes.

In consideration of granting this application and intending to be legally bound, I hereby certify that I am physically fit and have not been otherwise informed by a physician not to participate in a physically challenging assessment such as the one offered by the Lincoln County Emergency Medical Services.

In addition, I acknowledge that I am aware of all risks inherent to participating in the physical agility assessment described above. These risks include physical injury, permanent disability, or even death. I agree to assume all risks as a condition of my participation in the physical agility assessment. I do therefore, for myself (my child/ward/spouse), my heirs, executors, and administrators, waive and release any and all rights to claims for loss or damages that I (my child/ward/spouse) may have against Lincoln County, its officers, and its employees, their agents, representatives, and assigns for any losses or damages suffered by me (my child/ward/spouse) while participating in the physical agility test for and by Lincoln County Emergency Medical Services.

Signature of Applicant

Date

Witness and Title

Date