Central Carolina COMMUNITY COLLEGE
FIREFIGHTER ACADEMY
RELEASE OF LIABILITY FORM

WHEREAS, the undersigned has applied for acceptance to the Firefighter Academy at Central Carolina Community College; and
WHEREAS, the undersigned acknowledges that a firefighter must be in certain physical condition in order to perform his or her duties; and
WHEREAS, the undersigned acknowledges that he or she may receive certain physical injuries from participating in the Firefighter Academy; and
WHEREAS, In consideration of the Firefighter Academy at Central Carolina Community College considering my application for the Firefighter Academy, I acknowledge that by signing this document, I release Central Carolina Community College and their officers, officials and employees and agents from any liability whatsoever. I agree to hold harmless on behalf of myself, my heirs, executors, administrators, legal representatives, assignees and successors in interest from any and all rights which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with or arising out of my participation in or with the tests used in the firefighter' selection process; and
WHEREAS, I acknowledge that I will be required to participate in the following physical tests and other practical activities during the firefighter academy (live fire, ladder, scba, hose training ect.); and
1. Run 1.2 miles around the driving track as marked by traffic cones in 12 minutes
2. 25 pushups in one (1) minute
3. 25 sit-ups in one (1) minute
4. Climb four (4) flights of stairs carrying a 100 foot hose pack weighing approximately 40 pounds.
5. Hoist a 50 foot section of fire hose weighing approximately 40 pounds using a rope.
6. Climb a raised 35foot ladder and descend the ladder.
7. Carry two gas powered chain saws 150feet
8. Advance a charged hose line 75 feet
9. Drag a 165 pound mannequin 75 feet

WHEREAS, the undersigned acknowledges that successfully completing these tests in no way guarantees successful completion of the Firefighter Academy; and

WHEREAS, this release form has legal consequences; I have read it carefully before signing it.

Signature______________________________________________Date_________

This section to be completed by a Notary Public

I, ____________________________________________________________ , a Notary Public for the State of ____________________________, County of ____________________________,
do hereby certify that ____________________________________________ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the ____________ day of ________, 20__. 

Notary Public_____________________________ My Commission Expires: __________________

(Official Seal)