

**Complete Health and Injury Prevention, LLC (CHIP, LLC)
FIREFIGHTER CANDIDATE PHYSICAL ABILITY TEST (CPAT)
WAIVER OF LIABILITY**

In consideration for being allowed to participate in the CPAT test, I agree to indemnify and hold harmless CHIP, LLC, its officers, agents and employees for any loss, injury claim or suit related to this activity, including my own losses and damages. I know that this series of tests is strenuous in nature, that I must demonstrate my physical skills and abilities and that there may be risks associated with CPAT testing. I willingly accept those possibilities. I know that it is my responsibility to ensure my own safety. I am physically fit and able to participate in the CPAT physical ability test. I agree to pay all reasonable costs related to CPAT testing, including any medical costs I incur.

I accept that the CPAT Proctor's decision to terminate the test based upon safety concerns or potential, imminent harm are final and undisputable as is the termination of the test based on time.

I attest that if I am an incumbent fire fighter, this CPAT test is not being used as punitive, or in a return-to-work process.

I further understand and accept that during public health crisis, it may be required that I provide my contact information for exposure tracing/tracking purposes.

Print Name: _____

Signature: _____

Date: _____

(If the applicant/student is under 18 years of age, a parent or guardian must sign this agreement on behalf of the applicant/student.)





ACKNOWLEDGEMENT AND WAIVER OF CPAT ORIENTATION AND/OR CONDITIONING PERIOD AND/OR TIMED PRACTICE RUNS

This form must be signed before you will be permitted to take the Candidate Physical Ability Test (CPAT) if you did not attend the orientation and practice sessions prior to this test.

A fire department administering CPAT as a condition of hire, must ensure that all candidates were provided full and equal access to a CPAT orientation and practice program. The orientation and practice program must commence at least eight (8) weeks before commencement of the official CPAT test date. This program is composed of two phases.

1. The fire department will provide each candidate a full and equal opportunity to attend at least two (2) orientation sessions during which candidates will receive "hands-on" familiarity with the actual CPAT test apparatus. These required orientation sessions will be provided by certified Peer Fitness Trainers, fitness professionals and/or CPAT-trained fire fighters (proctors). These individuals will familiarize each candidate with each CPAT task and the test apparatus. They will advise all candidates concerning specific conditioning regimens and techniques to help each candidate prepare for the CPAT test.
2. The fire department will provide each candidate a full and equal opportunity to attend at least two (2) timed practice runs of the CPAT, using CPAT apparatus. These required practice runs must occur within thirty (30) days before the commencement of the official CPAT test dates. Following each practice session, certified Peer Fitness Trainers, fitness professionals, and/or CPAT-trained fire fighters (proctors) shall help the candidates understand the test elements and how they can improve their performance and conditions.

This two-phased orientation and practice program is a mandatory condition for candidates taking the CPAT test. However, it is recognized that some individuals may be capable of passing CPAT without participation in these programs. These individuals may excuse themselves from this mandatory condition upon the receipt by the fire department of a written and signed waiver, acknowledging that the fire department made available these programs on an equal basis to all candidates and that the candidate knowingly and voluntarily waived participation in the orientation and practice sessions.

Orientations and practice sessions are designed to give each candidate identical information regarding the test so that each will have the maximum probability for success. During the classroom orientation, candidates are shown the CPAT orientation video and are given the CPAT Candidate Preparation Guide. The orientation and practice sessions provide an equal and full opportunity for each candidate to view the test events, talk with qualified professionals and instructors and physically examine and use test equipment, tools, and props in a controlled and consistent setting. Candidates are directed to familiarize themselves with all elements of the test. Further information regarding the orientation and practice sessions may be obtained from your fire department.

I have read and understand the nature of the orientation and practice sessions and the time period between orientation and actual CPAT administration. By executing this acknowledgment, I hereby knowingly and voluntarily waive my right to participate in the above-described orientation and/or practice sessions.

LAST NAME: _____ FIRST NAME: _____
(please print):

APPLICANT SIGNATURE: _____ DATE: _____



CANDIDATE PHYSICAL ABILITY TEST WAIVER OF CLAIM FOR INJURY

This form must be signed before you will be permitted to participate in the Candidate Physical Ability Test.

You will be asked to perform eight (8) physical tasks and will be given specific instructions (by videotape and proctors) in the manner in which these physical tasks are to be performed. The eight (8) physical tasks are:

1. STAIR CLIMB
2. HOSE DRAG
3. EQUIPMENT CARRY
4. LADDER RAISE AND EXTENSION
5. FORCIBLE ENTRY
6. SEARCH
7. RESCUE
8. CEILING BREACH AND PULL

I have read and understand the physical effort which this Candidate Physical Ability Test involves. I am physically capable of participating in this test. I hereby waive any and all claims for or arising out of any injury I might sustain or incur as a result of participating in the Candidate Physical Ability Test. I voluntarily participate as part of my application for employment, or other use.

I fully recognize that the Candidate Physical Ability Test has the potential to cause injury or illness. The decision to summon medical help (911) may be at the discretion of the CPAT Provider(s). In the event that I do not possess medical/health insurance at the time of testing and medical help is summoned, I agree to be held solely responsible for the financial costs and effects of such. I hold all other persons, agents, and/or agencies harmless.

NAME: _____
(please print): LAST FIRST MI

APPLICANT SIGNATURE: _____ DATE: _____



CANDIDATE PHYSICAL ABILITY TEST REHABILITATION FORM

It is normal to feel tired after the performance test. There are some signs that may mean that the exertion is causing more serious problems. If any of the following signs or symptoms occur, you should call your physician or the local Emergency Services.

- Nausea, vomiting, dizziness, or headache lasting more than a few hours
- Extreme weakness
- Fever
- Confusion
- Generalized muscle aching lasting more than one day
- Dark urine or very little urine

LAST NAME: _____ FIRST NAME: _____ MI: _____
(PLEASE PRINT)

APPLICANT SIGNATURE: _____ DATE: _____

INSURANCE NAME AND NUMBER: _____

TIME IN: _____ TIME OUT: _____