

**Cleveland Fire Department
Academy Class 2012
WAIVER OF CIVIL LIABILITY**

This form must be signed before you will be allowed to participate in any field activities.

I, _____ understand that I will be asked to perform physical tasks and that I will be given specific instructions in the manner in which these physical tasks are to be performed.

I am aware that this school involves considerable physical effort. I am physically capable of participating in the activities of this school.

I agree not to hold the City of Cleveland and the Cleveland Fire Department Academy or its employees responsible in any way for any injury or physical incapacitation I may incur by participating in this training school.

Name: _____

Address: _____

Telephone: _____

Physician: _____

Student Signature: _____

Date: _____

Witness Signature: _____

Are you presently taking any medications? Yes ____ No ____

If yes, please list them: _____

