



FIREFIGHTER CANDIDATE TESTING CENTER

A subsidiary of the

California Firefighter Joint Apprenticeship Committee

Parent/Guardian Waiver and Release of Liability for a Minor to Participate in the CPAT

I certify that my child is physically fit such that he/she is able to participate in Candidate Physical Ability Test (CPAT) activities and that I have read and understand any rules and safety provisions established for this program. Knowing this, and in consideration of being permitted to participate and/or receive instruction in the CPAT, I hereby voluntarily release the California Firefighter Joint Apprenticeship Committee (Cal-JAC) from any and all liability resulting from or arising out of my minor child's participation and/or receipt of instruction in the CPAT. I understand and agree that I am releasing not only the entities set forth above, but also the officers, agents, and employees of those entities. I understand and agree that this Waiver and Release of Liability for a Minor to Participate in the CPAT will have the effect of releasing, discharging, waiving, and forever relinquishing any and all actions or causes of action that I or my minor child may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me or my minor child, arising out of participation and/or receipt of instruction in the CPAT except for the acts or omissions of Cal-JAC, its officers, agents or employees which are found to be negligent by a court of competent jurisdiction.

I understand and agree that by signing this Parent/Guardian Waiver and Release of Liability for a Minor to Participate in the CPAT, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me and/or my minor child while participating and/or receiving instruction in the CPAT. I understand and agree that by signing this Parent/Guardian Waiver and Release of Liability for a Minor to Participate in the CPAT, I am agreeing to release, indemnify, and hold harmless CAL-JAC and their officers, agents, and employees from any and all liability or costs, including attorney fees, associated with or arising from participation and/or receipt of instruction in the CPAT. I understand that this Parent/Guardian Waiver and Release of Liability for a Minor to Participate in the CPAT will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children, and any guardian ad litem for said children.

I acknowledge that I have read this Parent/Guardian Waiver and Release of Liability for a Minor to Participate in the CPAT and that I understand the words and language in it. I also understand that this Parent/Guardian Waiver and Release of Liability for a Minor to Participate in the CPAT is valid for the duration of time that my child participates in the CPAT unless rescinded through my written instructions.

I am the parent or legal guardian of the minor _____, and I am signing this Parent Authorization and Waiver/Release of Liability on behalf of said minor.

PLEASE PRINT

Candidate's Name: _____ Last First

Candidate's Address _____ Street City State Zip

Email: _____ Phone No.: (____) _____

Candidate's Driver's License No: _____ Date of Birth: ____/____/____

Signature of Candidate: _____ Date: ____/____/____

Parent/Guardian Name: _____ Last First

Phone Number: (____) _____ If different from Candidate

Signature of Parent/Guardian: _____ Date: ____/____/____