ACCIDENT WAIVER

(For Placer County Use Only)		
Name/Relationship:	Phone:	
EMERGENCY CONTACT INFORMATION:		
If you should be injured during the performance of this phenomenate the injury to the test proctor who will give you the Emplo Benefits before leaving the test site. Candidate's Initial:	yee's Claim for Workers' Compensation	
Do you have any injury, physical condition or disability, aggravated by, this physical performance test? If yes, your physician. YES NO		
Signature of Examinee (1	To be signed at Registration)	
I hereunto set my hand this(DATE)	.	
I FURTHER AGREE to assume responsibility for any parameters caused by me while operating any testing equipment so full		
NOW, THEREFORE, in consideration of there being examination the necessary equipment to complet (candidate) hereby age Service Commission of the County of Placer, or any oth agents, servants and/or employees, by reason of any acceptable demonstrating my physical endurance, strength, a using any testing equipment in any test during such examination.	ete my examination as aforesaid, gree to save and hold harmless the Civil her County agency, and /or any of their cident of injury that I may suffer or have agility, and general fitness and/or while	
WHEREAS, I, (cand to said Civil Service Commission my signed application necessary for me to demonstrate my physical endurance,		
WHEREAS, the Civil Service Commission of the Cour be held for the position of CORRECTIONAL OFFICER County of Placer, and		

WITNESS:

Signature of Proctor	