	FREDERICK COUNTY **DIVISION OF FIRE AND RESCUE SERVICES** **Bureau of Professional Services** **5370 Public Safety Place** **Frederick, MD 21704**

EMERGENCY MEDICAL SERVICES
WORK PERFORMANCE EVALUATION
LEGAL WAIVER FORM

I, _____, (Print name) execute this Waiver and Release in favor of Frederick County, Maryland, and its departments, officers, employees, agents, assigns and insurers (herein called "the County").

I, the undersigned, hereby request permission to take the Emergency Medical Services (EMS) Work Performance Evaluation (WPE) as a part of my application for employment as a Part-time Paramedic for Frederick County, Maryland. I am fully aware of the risks and dangers involved, and that unanticipated and unexpected dangers may arise during such activities, and I agree to assume all risks of injury to my person and property that may be sustained in connection with preparing for and taking said test.

In consideration for being permitted to take this test, I, myself, my heirs, legal representatives and assigns, release and hold harmless the County from all claims, demands and causes of action for all damage, bodily injury or liability of any kind that might accrue to me or arise out of these activities. I hereby agree not to bring suit or other legal action, either State or Federal, based upon any claims against the County arising directly or indirectly from my participation in the test.

By signing below, I acknowledge that I have read and fully understand the terms of this Release and that I have received and read a copy of the testing protocol. My agreement to this release and attendance, participation and preparation for this test is voluntary.

Signature: _____ Notary: _____

Printed Name: _____ Date: _____

Address: _____ Commission Expiration: _____

_____

[Notary Seal]