



AGREEMENT/ACKNOWLEDGEMENT FOR PRE-HIRE TESTING

PHYSICAL FITNESS STANDARDS/SWIM TESTING

I, _____, agree to participate in the Ohio Department of Natural Resources **Physical Fitness and/or Swim Testing**. I understand that these tests are part of the minimum qualifications for employment in the applied position and that failure to complete or properly follow directions will eliminate me from the hiring process.

I agree to abide by the instructions set forth by the Ohio Department of Natural Resources testing site coordinators and instructors.

I certify that I am in reasonably good health and that I am able to participate in this activity without adversely affecting my health. I will also notify the testing site coordinators of any condition that may effect my participation and any medication that I am currently taking.

I acknowledge that physical exercise and exertion involve inherent health risks, including injury and even death, and that I am voluntarily participating in the Ohio Department of Natural Resources' Pre-employment Physical Fitness and/or Swim Testing and expressly agree to assume all risks of accident, injury, death, or property damage of any kind sustained in association with my participation in such fitness activities, physical exercise, or exertion.

In consideration of being allowed to participate in the Ohio Department of Natural Resources' Pre-employment Physical Fitness and/or Swim Testing, I hereby waive, release, and forever discharge the Department and its employees, officers, and agents from any and all liability for personal injury, death, or property damage of any kind sustained in association with my attendance and participation in the above mentioned Testing, whether such personal injury, death, or property damage is caused by the negligence of the Department or its employees, officers, agents, or otherwise.

EMERGENCY CONTACT NAME: _____

PHONE NUMBER(s): _____

_____ Check here if you are a weak swimmer.

_____ Check here if on medication or have health problems which may affect participation (**please list below your health problems or medication**).

Verification Document Presented:

State-issued Operator's License (Specify State) _____

State-issued Identification Card (Specify State) _____

United States Passport

U.S. Military Card

Unexpired Foreign Passport

Alien Registration Card with Photograph

Participant Signature

Date

Date of Birth

Age

Fitness Specialist Signature

Print Name