



CENTRAL FALLS POLICE DEPARTMENT AGILITY TEST WAIVER AND RELEASE FROM LIABILITY



1. I, _____, the undersigned, on behalf of myself, my heirs and next of kin, personal representative, agents, insurers, successors and assigns (all hereinafter “Releasers”) hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE CITY OF CENTRAL FALLS, its insurers, administrators, agents, directors, officers, state organizations, members, committees, volunteers, all employees, and any and all participants, all hereinafter “Releasee” from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present or future, direct or consequential that I may hereafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, arising out of my participation in, attendance at or traveling to and from the City of Central Falls Police Department Agility Testing Sites or activity including, but not limited to, LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASES, or hidden, latent or obvious defects in the facilities or equipment used.

2. Releaser understands and acknowledges that participation in the Police Department Agility Test in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH sustained while participating in, attending, preparing for or traveling to and from the City of Central Falls Police Department Agility Testing Sites including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

3. Releaser acknowledges and fully understands that each participant including Releaser, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses to person or property, including death, and that severe social and economic losses may result not only from releaser’s own action, inactions or negligence, but also from the actions, inactions or negligence of others. Further, Releaser acknowledges and fully understands that there may be other associated risks with such activities which are not known or not reasonably foreseeable at this time. Releaser acknowledges and affirms that he/she undertakes such action on activity under his/her own free will.

I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.

Participant’s Signature

_____/_____/_____
Date

Print Name