ACCIDENT WAIVER

has called an examination to be held for the po	ion of the City of Mount Vernon or the county osition of Firefighter or Police Officer.
	the undersigned residing
	have presented to said
Civil service commission my signed application informed that as a part of the examination gives	to participate in this examination and have been for this position, it will be necessary for me to
I hereby acknowledge that I am in sound physic perform this test.	al condition and know of no reason that I cannot
NOW, THEREFORE, I for myself, my he	irs, executors, administrators, or assigns,
hereby waive any of all claims against the munic	cipal civil service commission of this city or
county, the city itself, and any state agency or m	ember thereof, now or hereafter to accrue for, on
	t I may sustain because of, in connection with, or
on account of this physical, strength, and agility t	
service commission, the city or county, or any sta	ate agency or member thereof, from any or all
liability or claim for damages, medical bills and/or	expenses incurred by me for any injury
sustained as a result of these tests.	
I acknowledge that I am assuming all risk of injury	that may result during the course of this
physical test.	
IN WITNESS WHEREOF, I have hereunto	set my hand and seal this
day of	
NOTARY	Candidate Signature