CITY OF LAGUNA BEACH
PHYSICAL TESTING & TRAINING WAIVER
Hold Harmless Agreement

Test Date: ___/_____/_____

Name: _____
First Middle Last

Address: _____
Street (No P.O. Box please) City State Zip

Phone ( ) _____-_____

I am at least 16 years of age: Yes ( ) No ( )
(If under 18 years of age, see below.)

I am currently a returning employee: Yes ( ) No ( )

This Wavier must be completed and include appropriate signature(s) and submitted to the City of Laguna Beach Marine Safety official at the time of Physical Testing (tryout).
NO EXCEPTIONS.

Important: Physical Testing and training for a Lifeguard position with the City of Laguna Beach requires that a candidate be in good general health and possess good physical conditioning to perform the essential duties of the position. If a candidate is under physician's care for a medical condition that may hamper his/her ability to safely perform in Physical Testing and/or Training, a medical clearance is **strongly** recommended. This Wavier is required of all candidates to participate in Physical Testing (tryout) and Training activities for the positions of Rookie and Seasonal Ocean Lifeguard. If a candidate is under 18 years of age, the signature of a parent or guardian is **REQUIRED** below.

Acknowledgement:

"I agree to assume the risks involved with my (my minor child's) participation in Physical Testing (tryout) and if selected, in the Training required for a Lifeguard position with the City of Laguna Beach. I agree to save and hold harmless form liability the City of Laguna Beach and/or any of its officials, agents, servants, or employees, for any accident, injury, or damage to person(s) or property that I (my minor child) may suffer while participating in Physical Testing and/or Training. I agree to assume responsibility for any property damage or injury to any person(s) caused by me (my minor child) while participating in Physical Testing and/or training. I attest that I am (my minor child is) in good general health and physical condition to participate in Physical Testing and/or Training."

Signature: _____ Date: ___/_____/_____

Additionally, if Candidate is **under 18 years old:**

Parent/Guardian Signature: _____

Relationship: _____ Date: ___/_____/_____