



Washington County Emergency Medical Services
Assumption of Risk and Covenant Not to Sue

Name: _____
(Applicants Printed Name)

That I, the undersigned _____ for and in consideration of being extended the opportunity of undergoing the physical ability course testing for the purpose of establishing my suitability for the position of Paramedic / EMT with the Washington County Emergency Medical Services on this _____ Day of _____, 20____ have prior to said date assumed and hereby do assume all risks of injury to my person arising out of, or in any way incident to the aforesaid physical ability course: that each of the physical ability tasks have been described and explained to me, and I understand clearly what I will be called upon to do and with the knowledge,

I assume whatever risks such test or tests may entail or accrue to my person; and that I, the undersigned for the aforesaid consideration have covenanted and hereby do covenant never to sue or bring legal action, in law or in equity, in any court whatsoever against Washington County or any employee of Washington County Emergency Medical Services, for any such injury.

Executed on this the _____ day of _____, 20____

Applicant's signature

WCEMS Witness

SUBSCRIBED AND SWORN TO, be me, the undersigned authority on this the

_____ day of _____ 20____
(month) (year)

Notary Public in and for _____ County, Texas