

City of Huntington Beach, Marine Safety Division **Performance Exam Form – 2017**

NAME:			
	Last	First	M.I.
ADDRESS:			
		Street	
	City	, Z	Zip Code
НОМЕ РНС	ONE: ()		
WORK or C	ELL PHONE: (_)	
Do you have	any physical cond	ditions that may limit you	r ability to perform the
•		Yes () If yes,	-
Please list al	l related swimmin	n Driver's License? g background, training an Phools, clubs, Junior Lifeg	d/or experience:
Please input	your swim time in	the appropriate fields:	
100 yo	d free	500 yd free	
200 yo	d free	1,000 yd free	
I have signe	d the waiver on I	Page 2 of this form:	nitials



City of Huntington Beach Release from Liability

The person listed herein has applied to participate in a qualifying performance exam for the Lifeguard Academy, to be held at Huntington Beach City beach.

The applicant must take an examination to ascertain his/her skills in swimming and physical fitness to verify the applicant is qualified and meets the standards of employment for the position for which he/she has applied. Certain parts of the examination are in the ocean, near the pier and are given on a specific predetermined date, set in advance and regardless of surf conditions or prevailing weather.

Should the applicant wish to participate in this examination, it will be necessary to release the City of Huntington Beach and/or any city officials from all responsibility for any incidents arising out of the examination.

Waiver

In consideration of the acceptance of the application of: _______ for a position in the Marine Safety Division of the Fire Department of the City of Huntington Beach and with complete understanding that he/she or I shall take a physical test of skills in swimming at a designated time and place, I, intending to be legally bound, do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may hereafter accrue to myself against the City of Huntington Beach and/or its respective officers, agents, representatives, employees, successors and/or assigns for any and all damages which may be suffered by them or me, as the case may be, in connection with or participation in and/or arising out of travel to, or return from said examination for class described.

APPLICANT (18 years of age or older)	PARENT OR GUARDIAN (Of applicant under 18 years of age)	
Signature	Signature	
Print Name	Print Name	
Date		