



# Tasmania Fire Service

Cnr Argyle & Melville Streets, Hobart, 7000  
GPO Box 1526, HOBART TAS 7001

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## FIREFIGHTER PHYSICAL FITNESS, ABILITIES ASSESSMENTS AND FAMILIARISATION DAY INDEMNITY FORM 2017

I, ..... ,  
(Given Names) (Surname)

do hereby agree to undertake the Physical Fitness, Abilities Assessments and Familiarisation Day as part of my application for inclusion for employment as a Trainee Firefighter with the Tasmania Fire Service and agree to absolve the Tasmania Fire Service and State Fire Commission, its agents and employees, from any responsibility for injury, disability or lost time suffered as a result of the assessments.

I am not aware of any medical condition which could expose me to **undue risk** in the performance of such assessments and recognise that should extreme discomfort or unexpected symptoms occur during such assessments, I will be able to terminate the assessment and obtain a medical opinion without prejudice to the outcome of the assessment.

Signed: .....

Witness: .....

Date:     /     /2017