



**MIAMI-DADE FIRE RESCUE DEPARTMENT**  
**FIREFIGHTER PRE-EMPLOYMENT CANDIDATE PHYSICAL ABILITY TEST**  
**REQUIRED RELEASE FROM LIABILITY**

I have read the description of the Miami-Dade Fire Rescue Candidate Physical Ability Test (CPAT) and the CPAT Orientation and Preparation Guide. I acknowledge that my physician has reviewed this program and I have obtained doctor's clearance to participate. I further assume total responsibility for any injury that may result from my participation in this process. I release Miami-Dade County, Miami-Dade Fire Rescue Department, and employees of Miami-Dade County of any and all liability associated with this program.

State of Florida  
County of \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_

day of, \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
Applicant Name

Who is personally known \_\_\_\_\_ OR produced identification.

\_\_\_\_\_  
TYPE OF IDENTIFICATION PRODUCED

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
NOTARY STAMP OR SEAL AND  
EXPIRATION OF COMMISSION