

**AGREEMENT AND RELEASE**

**WALSH UNIVERSITY**

The undersigned hereby applies to participate in Training or Testing at **WALSH UNIVERSITY** in North Canton, Ohio. In consideration of allowing the undersigned to participate in training or testing and use of facilities, I agree as follows:

1. To abide by all of the school's Rules and Regulations which may be in effect during the course of this training, testing, or any other procedure which relate to the control of my actions and conduct while on the school premises.
2. I hereby acknowledge the risks and hazards which may arise through participation in training, testing, or any other procedure and that these activities involve serious risks, including risk of loss of life and/or limb and/or property.
3. I hereby acknowledge that my participation in said training, testing, or any other procedures is at the sufferance of the school and I acknowledge that such participation may be revoked at any time, either orally or in writing, by any authorized school personnel. In the event of such revocation, I shall immediately comply and shall thereafter have no rights or recourse against **WALSH UNIVERSITY** its agents or employees as a result of that decision or any other matter whatsoever.
4. I hereby agree to hold **WALSH UNIVERSITY**, its agents, employees, and Trustees harmless and to release them from any and all claims which might inure to the benefit to myself, my heirs or assigns during the course of said training, testing or other procedures; whether arising out of any action or inaction, either intentional or negligence on the part of myself, **WALSH UNIVERSITY**, its agents, employees, and Trustees. I agree that the Release shall be binding upon any of my heirs, administrators, executors, and assigns.
5. I agree to maintain or cause to be maintained a health and accident policy of insurance ensuring that any medical and other claims resulting from my participation in Training or Testing, etc shall be covered. I agree to provide the school with proof of such insurance upon the request of the school.
6. By signing this Agreement, I hereby certify that I have read this Agreement and Release, the Rules and Procedures attached thereto, and agree to abide by the conditions contained in them.

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER**

**Please sign releases on the front and back**

**RELEASE**

**WHEREAS, the undersigned voluntarily desires to participate in the Canton Civil Service Police Officer Physical Fitness Exam; and**

**WHEREAS, the undersigned is aware that there are risks and hazards which may arise through participation in this course, and the course has serious risks including risk of loss of life and/or limbs and/or property; and**

**WHEREAS, the undersigned is knowledgeable that risks are involved in the course and is willing to waive all rights or claims to injury, person, and/or property;**

**THEREFORE, it is agreed as follows:**

**In consideration of being allowed to participate in the Canton Civil Service Police Officer Physical Fitness Exam, I the undersigned, intending to be legally bound, do hereby for myself, my heirs and my assigns, waive and release any and all right to all claims for damages I may have against the Canton Civil Service, City of Canton, Canton Police Department, Walsh University, or any agent or employee of any of the foregoing, for any and all injuries suffered by me while traveling to, from, and participating in the exam do hereby state that I assure any all risk inherent in same; and by signing this RELEASE, I hereby certify that I have read this RELEASE and that I fully understand the conditions herein.**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Social Security Number**