



# Oklahoma Firefighters Pension and Retirement System

6601 Broadway Ext., Suite 100  
Oklahoma City, Oklahoma 73116-8214  
1-800-525-7461 · (405) 522-4600 · Fax (405) 522-4643  
www.ok.gov/fprs



## WAIVER AND RELEASE

I, \_\_\_\_\_, having filed an application to participate in examinations to be held for the position of an eligible Firefighter for the \_\_\_\_\_ Fire Department and participation in the Oklahoma Firefighters Pension and Retirement System. Having been advised that as part of these examinations, it will be necessary for me to demonstrate my strength, endurance, and physical ability in a series of tests, do hereby and in consideration of the City or Fire Protection District of \_\_\_\_\_, Oklahoma, having permitted me to participate in the Department of the City of \_\_\_\_\_, and the Oklahoma Firefighters Pension and Retirement System, do release these entities from any and all claims whatsoever which might occur or arise as a result of any injury or damage that I may sustain as a result of participating in such examinations. I make this release for myself, my heirs, executors, and administrators and do hereby release the participating employer, local pension board, and the Oklahoma Firefighters Pension and Retirement System as well as it's employees or agents from any or all liability for damages incurred as a result of these tests.

(Applicant writes in his/her own hand: "I certify that I have read the foregoing Waiver and Release and understand it's provisions.")

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

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

SS:# \_\_\_\_\_

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NOTE: Applicant must read, write the "statement" legibly, and sign, in order to participate in the PHYSICAL PERFORMANCE/AGILITY TEST.

**PHYSICIAN RELEASE**

I, \_\_\_\_\_, do certify that I am a physician, duly licensed by the laws of the State of Oklahoma, and that as such, I have examined the applicant and reviewed the physical performance/agility test, and find applicant (to be/ not to be) physically able to perform said physical performance/agility test.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician

NOTE: Although the physician's release is optional, applicant is strongly advised to obtain said release.