



# Fire Department



2011 Commerce Park Drive, Suite A  
Annapolis, Maryland 21401 Phone 410-222-8200  
[www.aacounty.org](http://www.aacounty.org)

**Trisha L. Wolford**  
**Fire Chief**

## Legal Waiver Form

I, \_\_\_\_\_ (print name) execute this Waiver and Release in favor of Anne Arundel County, Maryland, and its departments, officers, employees, agents, assigns and insurers (herein called “the CPAT Mentoring Program if I so choose. I am fully aware of the risks and dangers involved, and that unanticipated and unexpected dangers may arise during such activities and I agree to assume all risks of injury to my person and property that may be sustained in connection with preparing for and taking the test.

In consideration for being permitted to take this test and participate in the CPAT Mentoring Program for the test, I, myself, my heirs, legal representatives and assigns, release and hold harmless the County from all claims, demands, and causes of action for all damage, bodily injury or liability of any kind that might accrue to me or arise out of these activities. I hereby agree not to bring suit or other legal action, either State or Federal, based upon any claims against the County arising directly or indirectly from my participation in the CPAT Mentoring Program or test.

By signing below, I acknowledge that I have read and fully understand the terms of this Release and that I have received and read a copy of the testing and mentoring program protocol. My agreement to this release and attendance, participation, and preparation for the test is voluntary and I am not in any way employed by or an agent of Anne Arundel County, Maryland.

Printed Name: \_\_\_\_\_

Notary: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Commission Expiration: \_\_\_\_\_

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

[Notary Seal]

*“An All Hazards Response Organization, Committed to Your Safety”*