



WAIVER OF CLAIM FOR INJURY/COVID-19 RISK EXPOSURE

This section must be acknowledged before you will be permitted to participate in any Candidate Physical Ability test (CPAT) orientation, practice or test. The CPAT requires you to perform eight (8) physical tasks. You will be given specific instructions for each task (by video and proctors) in the manner in which these physical tasks are to be performed.

I have read and understand the physical effort the CPAT involves. I am physically capable of participating in the CPAT related events. I am not aware of any medical conditions or physical impairments, including but not limited to contraction of or exposure to the COVID-19 virus, that would put me or anyone else at risk in performing the CPAT.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious, is believed to spread mainly from person-to-person contact and is potentially deadly. As a result, federal, state, and local government and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

I understand that Evolution has put in place preventative measures to reduce the spread of COVID-19; however, Evolution cannot guarantee that candidates will not become infected with COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in the Candidate Physical Ability Test (CPAT) and that such exposure or infection may result in personal injury, illness, permanent disability and death.

I hereby waive any and all claims for and arising out of any injury or illness, including COVID-19, that I might sustain or incur as a result of participating in CPAT-related events. I willfully assume all risks associated with participating in the CPAT, including the risks associated with COVID-19, and voluntarily participate as part of my application for documentation of CPAT completion.

Name (printed)_____

Signed_____

Date_____