



## City of Watertown Individual Physical Ability Test (IPAT) Sign-In and Waiver of Claim for Injury

You will be asked to perform eight physical tasks and will be given specific instructions in the manner in which these physical tasks are to be performed. You will be wearing a 50-pound weighted vest, helmet, and gloves. The eight physical tasks are:

- Event 1 Equipment Carry with Shoulder Weights
- Event 2 Stair Climb with Shoulder Weights for 1 minute 42 seconds
- Event 3 Recovery Walk for 100 feet
- Event 4 Victim Removal Sled for 25 feet
- Event 5 Simulated Halyard Raise
- Event 6 Recovery Walk for 100 feet
- Event 7 Stair Climb for 1 minute 42 seconds
- Event 8 Equipment Carry two 15-pound kettlebells for 100 feet

I have read and understand the physical effort which this Individual Physical Ability Test involves. I am physically capable of participating in this test. I hereby waive any and all claims for or arising out of any injury I might sustain or incur as a result of participating in the Individual Physical Ability Test. I voluntarily participate as part of my application for employment with Watertown Fire Rescue.

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

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**—Please Print—**

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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***In case of emergency, I authorize the City of Watertown to contact:***

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

Telephone Number: \_\_\_\_\_