

Hold-Harmless Agreement

Name: (Please Print)_					
	First	Middle	Last	Maiden	
Home Address:					
Home Phone Number:		Cell Phone Number:			
Contact Person:			Relationship:		
Contact Person's Phor	ne Number			_	

The undersigned acknowledges and has been informed that (s)he will be performing a physical agility test, and that (s)he represents that s(he) is in good health and physical condition to perform the agility test and is not aware of any physical condition which would prevent him/her from performing said tests. The undersigned with the intention of binding herself/himself and her/his spouse, heirs, legal representatives and assigns, expressly releases, discharges and holds Santa Fe County and its departments, employees and agents harmless from all claims, demands, actions, judgments and executions that the undersigned may have now or that may arise, be created by, or arise out of the physical agility test to be performed. The undersigned has read this release and understands all its terms.

I execute this release voluntarily and with full knowledge of its significance.

Signature of Applicant:		Date:
STATE OF NEW MEXICO)	
) SS.	
COUNTY OF SANTA FE)	
On this day of	, 20, before me	e personally appeared
•	nown to me to be the person wh	
above instrument and acknowled	1	

Notary Public:_____

My Commission Expires:_____