

## Department of Transportation Philippine Coast Guard

## COAST GUARD HUMAN RESOURCE MANAGEMENT COMMAND

56 M.L. Quezon St., Purok 1, New Lower Bicutan Taguig City, Metro Manila

## PHYSICAL FITNESS TEST WAIVER AND RELEASE OF LIABILITY

TO WHOM IT MAY CONCERN:
Let it be known that I,,,,
do hereby submit myself and voluntarily consent to undergo PHYSICAL FITNESS TEST (PFT), to be performed by Philippine Coast Guard personnel with the understanding that any and all team members performing said activity will not be held liable to any charge/s that may claim as a result of said activity.
I hereby certify that I am physically, psychologically, and emotionally fit to undergo the PFT and further certify that I have no physical and medical concerns or problems and that may inhibit me from performing the said activity, as ordered by PCG authorities.
Accordingly, I hereby WAIVE and RELEASE, now and forever, whatsoever rights and claims that I may have in the future, if any, against the Philippine Coast Guard, and its Officers, personnel, and employees, and free them from any kinds of liabilities arising from any damage or injury I may suffer in connection with PFT.
I declare that I have read this Waiver and Release of Liability; that the same has been explained to me in the language that I understand; and, that I have signed this willingly and voluntarily and with full knowledge of the meaning and intent of this document and my rights under the law.
IN WITNESS WHEREOF, I have set my hand this day of 20, at the

Applicant's Signature above Printed Name

## **SIGNED IN THE PRESENCE OF:**

WITNESS	WITNESS
WITNESS	WITNESS
(NOTE: Content of this language/dialect that the patient und	waiver MUST be explained/translated to derstands)
REPUBLIC OF THE PHILIPPINES) CITY OF MANILA) XX	
ACK	NOWLEDGEMENT
BEFORE ME, this	day of,20 at
	ally appeared the above-named persons with their
Comm. Tax Comm. Tax Cert. N	lo issued on
and issued	by at
	e and to me known to be the same person who and they acknowledged to me that the same are eds.
WITNESS MY HAND AND S	<b>SEAL</b> on the date and place first above-written.
Doc. No;	·
Page No;	
Book No;	
Series of 20	