

**THE STATE OF TEXAS { } Assumption of Risk, Covenant Not
COUNTY OF HIDALGO { } to Sue, Authorization for Release
CITY OF MCALLEN { } of Personnel Information and
McALLEN FIRE DEPARTMENT { } Agreement of Assignment**

KNOW ALL MEN BY THESE PRESENTS:

That I, the undersigned, _____, and in consideration of being extended the opportunity to file an application and undergo certain testing as outlined below for which the City of McAllen has and will incur certain expenses, physical agility testing, examination, including but not limited to testing for venereal diseases, herpes, AIDS, and drug use or addiction, psychiatric examination, psychological examination, where required, for the purpose of establishing my suitability for a position arising out of or in any way incident to the above-mentioned qualification or examination; that each of the same have been described and explained to me and I understand clearly that I will be called upon to do, and with this knowledge, I assume whatever risk such test or tests may entail or accrue to my person; and that I, the undersigned for the above-mentioned consideration have covenanted and do hereby hold harmless and release and covenant never to sue or bring any legal or equitable action in any court whatsoever against the City of McAllen or any officer or employee of the City of McAllen for any such injury caused in any manner, including negligent or intentional acts of such persons relating thereto.

Further, I, _____, do hereby authorize a review of any full disclosure or all records concerning myself to any duly authorized agent of the McAllen Fire Department whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; medical, financial, or credit institutions, including records of loans, employment and pre-employment records, including background reports, efficiency rating complaints, or grievances filed by or against me; and the records and recollection of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

INITIAL HERE _____

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release, authorization will be a consideration in determining my suitability for employment by the McAllen Fire Department. I also certify that any person(s) who may furnish such information considering me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) from any and all liability, including liability for any negligent act of any party furnishing such information which may be incurred as a result of furnishing such information.

I further agree that I may be assigned to any duty assignment upon initial employment or reinstatement or may be transferred as the needs of the Department may require while employed with the McAllen Fire Department.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature (including maiden name)

Date of Birth

Address

Social Security Number

Phone Number

SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC, ON THIS

____ DAY OF _____, 20____.

NOTARY PUBLIC IN AND FOR HIDALGO COUNTY, TEXAS