



# Columbus Police Department



P.O. Box 1866, 510 Tenth Street  
Columbus, Georgia 31902-1866  
*Recruiting Office*

Phone: 706-653-3154

Fax: 706-653-3171

## TO WHOM IT MAY CONCERN

I, \_\_\_\_\_, having submitted an application to the Columbus Police Department for the position of Police Officer, agree to participate in all phases of the applicant screening process to determine my suitability for employment.

I fully understand that a Physical Qualifications Test is required and that my participation in said test is a personal choice. In doing so, I hereby relieve the Columbus Police Department, Columbus Consolidated Government, and their representatives of any and all liability for personal harm or injury resulting from my participation.

Signed: \_\_\_\_\_

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

Witness: \_\_\_\_\_

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

Notary Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_  
(Stamp Only – Not Hand Written)

Notary Seal: