

# OFFICE OF THE SHERIFF

SHERIFF DEBORAH K. BURCHETT

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## Physical Agility Waiver of Claim and Release from Liability

The Clark County Sheriff's Office applicant physical agility test involves tasks that require strenuous physical exertion to complete. If you have any reason to believe that you cannot perform strenuous exercise, do not participate in this test. If while performing the test, you feel weak or feel you have hurt yourself, you should stop and notify a proctor what has happened.

In consideration of my being allowed to enter upon the Clark County Sheriff's Office premises owned by the Clark County Board of Commissioners for the purpose of participating in the Clark County Sheriff's Office applicant physical agility test, **I signify the following:**

- I understand that the Clark County Sheriff's Office has no information regarding my physical condition or capability to take this test. The Clark County Sheriff's Office relies solely on my representation and belief that I am physically fit and able to participate.
- I understand that my participation is purely voluntary and that I may decline to further participate at any time either before its commencement or at any stage during its performance.
- I understand that I am not participating in this test under any appointment, contract, of hire, training program or apprenticeship, express or implied.

I hereby personally assume all risks in connection with such activity and waive any claim, demand or cause of action which may arise therefrom, and I further release the Clark County Sheriff's Office and the Clark County Board of Commissioners and their appointed officials, officers, and employees from liability for any harm, injury or damage which may befall me while I am participating in such activity, including all risks connected therewith, whether foreseen or unforeseen, and indemnify and agree to hold harmless said entities and persons from and against any claim, demand or cause of action by me, or my family, heirs or assigns, arising out of my participation in such activity.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date