

HUDSON POLICE DEPARTMENT

*A Nationally Accredited Agency
1 Constitution Drive
Hudson, New Hampshire 03051*

**PHYSICAL FITNESS TEST
WAIVER**

WHEREAS, the undersigned has applied for employment as a police officer for the Town of Hudson, and;

WHEREAS, the Hudson Police Department requires all applicants to take a physical ability test, and in consideration of the acceptance of my application for employment by the Town of Hudson and the administering of the various tests and procedures to process said application; I do for myself, my heirs, executors and administrators, certify to the Town of Hudson that I am in good health and know of no physical or medical reasons why I should not take such physical ability test; and I do release and discharge the Town of Hudson, its officers, employees, servants and agents, of and from any and all claims, demands, actions, causes of actions and suits at law or in equity for any and on account of any and all injuries, disabilities, physical and mental diseases, damage, losses and expenses that may be sustained by me now or hereafter, as a result of my taking said physical ability test.

Testing Date: _____

APPLICANT’S NAME: _____

SIGNATURE OF APPLICANT: _____

The above named signed before me _____ this _____

day of _____ 2023.

Justice of the Peace/Notary of the Public

Commission Expires