



## WAIVER OF LIABILITY FOR PHYSICAL AGILITY TESTING

(Please print)

I, \_\_\_\_\_ of \_\_\_\_\_  
(Full name) (Address)

For myself, my heirs, executors, administrators, agents and assigns do hereby waive all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever against the State of Rhode Island, Department of Corrections, or any agent or employee of the Department of Corrections, acting under the color of official authority arising from any occurrence, accident, injury or damage, while I am attending or performing the physical agility testing for the position for which I have applied with Department of Corrections.

I have reviewed and fully understand the physical agility test description provided to me by the Department of Corrections. I voluntarily accept the terms of this statement and the risks associated with physical agility testing.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the physical agility test that I am about to complete was explained to me. I assume all risks associated with the testing process. I am physically able to complete this physical agility test as described in the written materials and as described to me.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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This section must be completed by your physician for you to participate in the physical agility testing.

I reasonably believe that the above-named person is physically able to perform the physical agility test of the Department of Corrections without unreasonable risk of injury.

Physician signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name and address \_\_\_\_\_

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