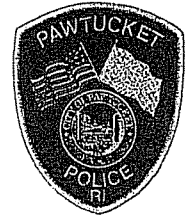


# CITY OF PAWTUCKET POLICE DEPARTMENT



DONALD R GREBIEN  
MAYOR

TINA GONCALVES  
CHIEF OF POLICE

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## Police Officer Physical Assessment Test Waiver & Release

The undersigned hereby gives informed consent to engage in a series of physical tests. The purpose of the testing is to determine physical fitness, cardiovascular function and health status. All testing and physical activity sessions will be supervised and monitored by trained exercise technicians. These activities include One Minute Sit-ups, 1 ½ Mile Run, 300-Meter Sprint and One Minute Push-ups tests.

There exists the possibility that certain detrimental physiological changes may occur during exercise testing. These changes could include heart-related illness, abnormal heart beats, abnormal blood pressure and in rare instances, a heart attack. If abnormal changes were to occur, the staff has been trained to recognize symptoms and take appropriate action, including administering CPR and First aid.

I have read this form and understand that there are inherent risks associated with any physical activity. I know of no medical condition that will interfere with my taking the physical tests or any condition that may be aggravated by taking the tests. I understand that it is my responsibility to monitor my individual physical performance during any activity.

I do hereby, and in consideration of the City of Pawtucket having permitted me to participate in such examinations, waive and release the Pawtucket Police Department and the City of Pawtucket from any and all claims whatsoever which might accrue or arise as a result of any injury or damage that I may sustain as a result of participating in such examination. I make this release for myself, my heirs, executors and administrations and do hereby release the City of Pawtucket, Rhode Island and all its employees or agents from any and all liability for damages incurring as a result of these tests. In the event of a medical problem, I further recognize that any medical care that may be required is my personal financial responsibility.

**Please write the following statement in the space provided:**

**“I CERTIFY THAT I HAVE READ THE FOREGOING WAIVER AND RELEASE AND UNDERSTAND ITS PROVISIONS.”**

\_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

ID Verified: \_\_\_\_\_