

HOLLIS POLICE DEPARTMENT
UNDERSTANDING AND WAIVER OF LIABILITY

I _____ of _____, do here by acknowledge my willing or voluntary participation in the fitness testing portion of the Hollis Police Department hiring process being held in Hollis NH on _____.

I understand that my participation in this fitness testing will involve physical exercise and physical exertion. While every attempt will be made to ensure that I am tested in a safe manner, I understand that my voluntary participation in this fitness test, as with any maximal effort physical activity, carries with it the potential for injury or death. I understand that I shall abide by all safety instructions; written, issued verbally or demonstrated to me during this fitness testing.

By signing this form, I attest that I am in good health, and that I am able to meet all physical demands made of me during the fitness testing process. I further attest that I am not taking any prescription medication or non-prescription medication that might hinder my abilities to successfully participate in, and complete this fitness testing.

I have read this statement of information and waiver of liability and hereby release the Hollis Police Department, the Town of Hollis, and their respective agents from any claims of any personal injury or loss suffered by me while participating in this fitness test.

Print Name _____

Signed: _____ Date: _____

PAR-Q

- Has your doctor ever said that you have a heart condition? _____
- Do you have chest pain brought on by physical activity? _____
- Have you developed chest pain at rest in the last month? _____
- Do you lose consciousness or your balance as a result of dizziness? _____
- Do you have any bone or joint problems that could get worse today? _____
- Do you currently take meds for your blood pressure or your heart? _____
- Are you aware, through your own experience or a doctor's advice, of any reason against your participating in this fitness test today? _____

Signed _____ Date: _____