

Law Enforcement Physical Fitness Assessment Liability Release

Applicant Name: _____ SSN: _____

Sex: _____ Age: _____ DOB: _____

Law Enforcement agency testing for: _____ Bridgewater Township Police Department

The Somerset County Police Academy wishes to inform you of the following prior to your participation in today's Applicant Physical Condition Assessment.

1. Your participation in this Physical Condition Assessment is completely voluntary. However, if you choose not to participate in some or all events of this screening process, you will be removed from this law enforcement selection process.
2. Your health and well being are very important to the Academy. You must demonstrate a level of common sense as it relates to this testing process. Do not push yourself beyond your capabilities. There will be the opportunity to become involved in future law enforcement selection processes.
3. If you feel any tightness in your chest, difficulty breathing, severe headache or other physiological discomfort you are being advised to stop your activity and immediately notify an Assessment Official. Additionally, if you experience a pull, strain, or suspected sprain of any body area, or experience any other unusual physiological discomfort you are being advised to stop your activity and immediately notify an Assessment Official.
4. This assessment is used as an applicant screening tool. In that regard you should do your personal best with regards to each activity.
5. You will be ranked as per your demonstrated physical condition as measured by the assessment events. Only a prescribed number of applicants may be moving forward to the next phase of the applicant screening process as directed by the policies of the testing law enforcement agency.
6. By my signature below, I certify that I am aware that this screening process is voluntary. I understand that should I experience any physiological discomfort, I should stop the activity and notify an Assessment Official. I state that I am physically able and willing to participate in this physical condition assessment. I certify that I have no physical limitations or medical concerns that would preclude my participation in today's test and I have been made aware of all the events in which I am being testing. I acknowledge that based upon my performance I will be ranked against others also participating in this applicant screening activity. Finally, I understand that only a selected percentage/number of applicants may be advancing to the next step of the applicant screening process.

Applicant Signature: _____ Date: _____ Time: _____

Witness Printed Name: _____

Witness Signature: _____ Date: _____

Witness Contact Number: _____