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PHYSICAL FITNESS ASSESSMENT
Informed Consent

I, the undersigned, hereby give informed consent to engage in a series of procedures relative to taking a battery of exercise tests through a variety of physical activities. All exercise testing and physical activity will be supervised and monitored by trained exercise technicians.

There exists the possibility that certain detrimental physiological changes may occur during exercise and exercise testing. These changes could include heat related illness, abnormal heartbeats, 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 the form and understand that there are inherent risks associated with any physical activity and recognize it is my responsibility to provide accurate and complete health/medical history information to my physician for his/her examination and subsequent approval that I am physically fit to undergo a fitness assessment. Furthermore, it is my responsibility to monitor my individual physical performance during any activity.

In the event of a medical problem, I further recognize that any medical care that may be required is my personal financial responsibility. I release the Coventry Police Department and Town of Coventry and their duly authorized agents, servants, and employees from any and all manner of actions, causes of actions, debts, obligations, claims or demands, both in law and equity.

Signature

Print Name

Date