

INJURY WAIVER FORM

I _____, do release the Borough of Ramsey, its elected and appointed officials, the Ramsey Police Department, and any members of the Ramsey Police Department, the Bergen County Police Academy and its employees, Dr. Michael Golz and his employees, and any other member of the aforementioned, from all liability that might result from any type of injury that may develop during my participation during the Health Fitness Testing and the Motor Fitness Testing.

I fully understand that this test is a segment of the qualifications and are requirements necessary to consider me as an applicant for the position of Police Officer with the Ramsey Police Department.

Applicants Name as follows:

First Name: _____ **MI.** _____ **Last Name:** _____
Please print

Applicants Signature: _____

Date signed: _____