



**MAHWAH POLICE DEPARTMENT  
ENTRY LEVEL PATROL OFFICER  
Physical Fitness Test Disclaimer**



**TO BE COMPLETED BY APPLICANT**

I, \_\_\_\_\_, In consideration of my application to become a Police Officer in the Township of Mahwah and participation in the physical agility test: I hereby for myself, my heirs, executors, and administrators waive any claim that I may have against the Township of Mahwah and the Mahwah Police Department, or their representatives, successors, or assigns for any injuries that may be suffered by me in this physical testing event. I certify that I am in good physical condition for this event and fully understand that it requires a high degree of physical exertion. I also certify that I am not suffering from any physical injuries or medical issues that could be complicated by my participation in this the physical test. By participating in this physical test, I, my executors, and administrators or assigns do hereby release and discharge the Township of Mahwah and the Mahwah Police Department, its officers, agents, and employees from any liability arising from my participation in the physical test.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**TO BE COMPLETED BY A PHYSICIAN OF THE APPLICANT'S CHOICE**

THIS IS TO CERTIFY THAT I HAVE EXAMINED AND FOUND THE SUBJECT PHYSICALLY FIT TO PARTICIPATE IN A STRENUOUS PHYSICAL AGILITY / ENDURANCE TEST AS A PART OF THE SUBJECT'S APPLICATION FOR A POSITION AS PATROL OFFICER.

\_\_\_\_\_  
**PHYSICIAN'S SIGNATURE**

\_\_\_\_\_  
**PHYSICIANS NAME**

\_\_\_\_\_  
**STREET ADDRESS**

\_\_\_\_\_  
**CITY, STATE, ZIP**

\_\_\_\_\_  
**PHYSICIANS ID NUMBER**

\_\_\_\_\_  
**DATE OF EXAMINATION**

*Issue Date: May 2025*