

Burlington Police Department

45 Center Street Burlington, MA. 01803 Phone (781) 270-1914 Fax (781) 270-1920 www.bpd.org



WAIVER & RELEASE OF LIABILITY PHYSICAL AGILITY TESTING

I, the undersigned, acknowledge that I have willingly chosen to participate in the Burlington Police Department's physical fitness test for police officer candidates. This testing shall include the following:

Sit-ups Push-ups 1.5 mile run

I hereby release the Town of Burlington, the Burlington Police Department and its officials, employees, and agents from any liability for injuries or death which may occur as a result of my participation in the police officer physical agility testing. It is my responsibility to understand the testing requirements and I assume all liability for my participation. I understand that I have had the opportunity for an independent medical examination by a doctor of my own choosing and own expense, prior to agreeing to this testing, and have chosen to forego such opportunity – or have attached a medical record to this waiver indicating I have had such examination and I am free to participate.

I sign this waiver and release willingly, and of my own volition, without coercion of any kind. I understand that by signing this form I give up all rights whatsoever to recover damages from the Town of Burlington for injury or death arising out of the physical agility testing.

Name (print)	Candidate #
Signature	Date
Witness	 Date

(This form is NOT required to be notarized but must be witnessed by a person 18 years of age or older)